

2005

# FINAL NOTICE

## 2006 VERIFICATION QUESTIONNAIRE

(See back of this form for instructions.)

Complete and return all forms with appropriate fees not later than 10 days from the date of receipt. Failure to return all forms will lead to the suspension of your EPA identification Number.

ELECTRONIC CHROME & GRINDING CO INC  
9132 DICE RD  
SANTA FE SPRINGS, CA 90670-0000

If your mailing address has changed, please  
**PRINT** or **TYPE** the correct address below. Do not abbreviate.

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### DO NOT ALTER INFORMATION IN THIS AREA

1. EPA ID Number: **CAD008391427**

2. Location address: **9132 DICE RD**

**SANTA FE SPRINGS, CA 90670-0000**

If your business has moved, call GISS at 1-877-454-4012.

Y

3. Federal Employer Number (FEIN) **95 2489408** (See instructions on back)(New in 2006)

4. Board of Equalization Number (BOE) **14-608234** (See instructions on back)(New in 2006)  
(Only required if you generate 5 or more tons of hazardous waste in a calendar year.)

#### 5. COMPANY OWNER INFO:

PHILIP REED PRESIDENT  
9132 DICE RD  
SANTA FE SPRINGS, CA 90670-2545  
(562)946-6671  
(000)000-0000

**NOTE:** California EPA ID numbers issued by DTSC may not be transferred to another owner. If the ownership of your organization has changed, please call GISS for assistance at 1-877-454-4012. Do NOT fill in new owner information below.

Company owner or Corp. name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Date of ownership change: \_\_\_\_\_

6. ☐ My new EPA ID number is \_\_\_\_\_

7. COMPANY NAME: If printed company name is incorrect, please provide correct name:

ELECTRONIC CHROME & GRINDING CO INC Company name/ AKA: \_\_\_\_\_

#### 8. CONTACT INFO:

MIKE REED  
9132 DICE RD  
SANTA FE SPRINGS, CA 90670-2545  
(562)946-6671  
(000)000-0000

If printed contact is incorrect or blank, please provide correct information:

Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Business email address: \_\_\_\_\_

9. SIC CODE (4 digits): **3399** If printed SIC Code is incorrect or blank, please provide correct information:

10. ☐ If the business has moved you must **CANCEL** the EPA ID number listed on Line 1. (See reverse side.)  
Check here if you wish to **CANCEL** the EPA ID number.

025047

66.00

.00

66.00

12/08/06

2006

66.00

CHK TOTAL:

CHECK: 025047 12/08/06 STATE OF CALIFORNIA

## SCHEDULE A - MANIFEST FEE CALCULATION SHEET (2005 Manifests)

(See back of this form for sample manifest form.)

EPA ID Number: CAD008391427

Name of organization: ELECTRONIC CHROME & GRINDING CO INC

From January 1, 2005 through December 31, 2005,  
the Department of Toxic Substances Control recorded  
the number of California Manifests shown at the right  
using the EPA ID printed above.

Non-recycled: 6

Recycled: 1

(NOTE: There is no fee for solely recycled manifests.)

### Manifest Fee Calculation:

- a. Enter the total number of non-recycled manifests from above... 6
- b. How many of the non-recycled manifests listed on Line a. are  
non-recycled air compliance solvent manifests..... 6 X \$3.50 = \$ 21.00
- c. Subtract the number of manifests on Line b. from Line a. .... 6 X \$7.50 = \$ 45.00
- d. No fee due for recycled manifests..... \$ 0.00
- e. Total of Line b. + Line c. .... = \$ 66.00

Note: The manifest count on Lines b. and c. should equal the count on Line a.

### INSTRUCTIONS FOR COMPLETING SCHEDULE A

- For lines a. - e. above, enter the numbers requested for each line.
  - For line b. multiply the number of manifests by \$3.50 and record the dollar amount.
  - For line c. multiply the number of manifests by \$7.50 and record the dollar amount.
  - For line e. add dollar amounts of lines b. and c. This total is the manifest fees due for the EPA ID number shown at the top of the page.
- For this assessment there are three types of manifests: non-recycled, recycled and air compliance solvents manifests. Manifests used *solely* for recycled waste will have a handling code reported as "01" or "R01" in Item K on the manifest form (see circled area on manifest sample on the back of this form). All wastes listed on a manifest must have handling codes of "01" or "R01" to be counted as a solely recycled manifest. You need to pay manifest fees only for non-recycled manifests. There is no fee for recycled manifests.
- If you believe the manifest totals shown in the box above are incorrect, you may use the manifest totals from your own files to calculate the fee. However, please be aware that any difference between the amount you report and the amount printed above is subject to audit by DTSC.
- On January 1, 1999 many businesses were required to switch from petroleum-based solvents to air compliance solvents (also called water-based cleaners). The fee for manifests used solely for hazardous waste derived from air compliance solvents was reduced from \$7.50 to \$3.50. Most air compliance solvent waste is now recyclable. Manifests used to ship air compliance solvents that were recycled should not be charged \$3.50. The Manifest Fee Calculation above includes air compliance solvent manifests as part of the non-recycled manifest count. Businesses that do not recycle their air compliance solvent waste who desire to use the reduced \$3.50 fee must use their internal records to identify manifests used solely for air compliance solvent wastes.



024423

JUN-06  
JUN-06A

06/08/06  
06/09/06

37.50  
7.50

.00  
.00

37.50  
7.50

CHECK: 024423 06/15/06 ACCOUNTING UNIT

CHK TOTAL: 45.00

## SCHEDULE A – MANIFEST FEE CALCULATION SHEET (2005 Manifests)

(See back of this form for sample manifest form.)

EPA ID Number: CAD008391427

Name of organization: ELECTRONIC CHROME & GRINDING CO INC

From January 1, 2005 through December 31, 2005, the Department of Toxic Substances Control recorded the number of California Manifests shown at the right using the EPA ID printed above.

Non-recycled: 6

Recycled: 1

(NOTE: There is no fee for solely recycled manifests.)

### Manifest Fee Calculation:

- a. Enter the total number of non-recycled manifests from above... 6
- b. How many of the non-recycled manifests listed on Line a. are non-recycled air compliance solvent manifests... 0 X \$3.50 = \$ 0.00
- c. Subtract the number of manifests on Line b. from Line a. .... 6 X \$7.50 = \$ 45.00
- d. No fee due for recycled manifests..... \$ 0.00
- e. Total of Line b. + Line c. .... = \$ 45.00

Note: The manifest count on Lines b. and c. should equal the count on Line a.

## INSTRUCTIONS FOR COMPLETING SCHEDULE A

- For lines a. – e. above, enter the numbers requested for each line.
  - For line b. multiply the number of manifests by \$3.50 and record the dollar amount.
  - For line c. multiply the number of manifests by \$7.50 and record the dollar amount.
  - For line e. add dollar amounts of lines b. and c. This total is the manifest fees due for the EPA ID number shown at the top of the page.
- For this assessment there are three types of manifests: non-recycled, recycled and air compliance solvents manifests. Manifests used *solely* for recycled waste will have a handling code reported as "01" or "R01" in item K on the manifest form (see circled area on manifest sample on the back of this form). All wastes listed on a manifest must have handling codes of "01" or "R01" to be counted as a solely recycled manifest. You need to pay manifest fees only for non-recycled manifests. There is no fee for recycled manifests.
- If you believe the manifest totals shown in the box above are incorrect, you may use the manifest totals from your own files to calculate the fee. However, please be aware that any difference between the amount you report and the amount printed above is subject to audit by DTSC.
- On January 1, 1999 many businesses were required to switch from petroleum-based solvents to air compliance solvents (also called water-based cleaners). The fee for manifests used solely for hazardous waste derived from air compliance solvents was reduced from \$7.50 to \$3.50. Most air compliance solvent waste is now recyclable. Manifests used to ship air compliance solvents that were recycled should not be charged \$3.50. The Manifest Fee Calculation above includes air compliance solvent manifests as part of the non-recycled manifest count. Businesses that do not recycle their air compliance solvent waste who desire to use the reduced \$3.50 fee must use their internal records to identify manifests used solely for air compliance solvent wastes.

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7550

**UNIFORM HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1

Information in the shaded areas  
is not required by Federal law.

3. Generator's Name and Mailing Address

A. State Manifest Document Number

95302045

4. Generator's Phone ( )

B. State Generator's ID

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone

9. Designated Facility Name and Site Address

10. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Hazardous Material Name (including Proper Shipping Name, Hazard Class, and ID Number)

12. Container

13. Total Quantity

14. Unit M/Vol

15. Waste Number

a.

b.

d.

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

This is a sample manifest included for your information only.

1. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

In order to determine if your waste was recycled or non-recycled, look at the handling codes in Item K. (circled above) on your manifest copy(s).

**GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Month

Day

Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month

Day

Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month

Day

Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month

Day

Year

DO NOT WRITE BELOW THIS LINE.



## SCHEDULE B - FEES SUMMARY SHEET

(See back of this form for complete instructions.)

All completed forms and appropriate fees must be submitted **not later than 10 days** from the date of receipt.

### A. EPA ID NUMBER VERIFICATION FEE (July 1, 2005 through June 30, 2006)

1. Name of your organization: ELECTRONIC CHROME & GRINDING CO. INC.

2. Enter the total number of California employees in your entire organization: 21  
(Please read instructions for Line 2 on the back of this form.)

Number of Employees	1 - 49	50 - 74	75 - 99	100 - 249	250 - 499	500 or more
EPA ID Fee Rate	NO FEE	\$150	\$175	\$200	\$225	\$250

(Total EPA ID Number Verification Fees not to exceed \$5000)

3. Enter the EPA ID Number Verification Fee rate from the table above: \$ 0

4. Enter the total number of **permanent** EPA ID numbers held by your organization: 1  
(NOTE: Attach a VQ form and Schedule A for **each** permanent EPA ID number you are reporting. Numbers that begin with "CAC" should not be included in your total on Line 4. See instructions.)

5. Multiply Line 3 by Line 4: =\$ 0

6. **TOTAL** EPA ID Number Verification Fee due (Enter the dollar amount from Line 5 above OR \$5000, whichever amount is less.): \$ 0

### B. MANIFEST FEE (January 1, 2005 through December 31, 2005)

1. Enter the dollar amount from Line e on your Schedule A - Manifest Fee Calculation Sheet.  
(If you are reporting more than one ID number, enter the **TOTAL** of the dollar amounts from Line e on **all** of your Schedule A - Manifest Fee Calculation Sheets.) \$ 0

### C. GRAND TOTAL OF EPA ID NUMBER VERIFICATION FEES AND MANIFEST FEES

1. Add Line A6 and Line B1, enter the total dollar amount.  
It is not uncommon to not owe fees. You are still required to complete and submit all forms.  
If fee is due, please make your check payable to "DTSC" for the total amount on this line: =\$ 0  
\*\*\* Please write one of your EPA ID numbers on your check.

To pay your fees via **credit card**, complete the enclosed "EPA ID and Manifest Fee Credit Card Payment Form".

I hereby certify under penalty of perjury that the information on the Verification Questionnaire(s), Schedule A(s) and Schedule B is true and correct.

Signature of Preparer: Joyce Gillam  
Name (please print): JOYCE GILLAM

Title: BOOKKEEPER  
Date: 12/7/06 Phone: 562-946-6671

THIS SECTION FOR DEPARTMENT USE ONLY			
Check No:	\$AMOUNT	DATE:	CID NO:
12560055:	12560092:	12560065:	
12560035:	12560091:	AMOUNT DUE:	
12560075:	12560096:	PRIMARY ID #:	

2004

## SCHEDULE A – MANIFEST FEE CALCULATION SHEET (2004 Manifests)

(See back of this form for sample manifest form.)

EPA ID Number: CAD008391427

Name of organization: ELECTRONIC CHROME & GRINDING CO  
INC

From January 1, 2004 through December 31, 2004,  
the Department of Toxic Substances Control recorded  
the number of California Manifests shown at the right  
using the EPA ID printed above.

Non-recycled: 4

Recycled: 2

(NOTE: There is no fee for solely recycled manifests.)

### Manifest Fee Calculation:

- a. Enter the total number of **non-recycled** manifests from above... 4
- b. How many of the **non-recycled** manifests listed on Line a. are  
non-recycled air compliance solvent manifests..... 0 X \$3.50 = \$ 0
- c. Subtract the number of manifests on Line b. from Line a. .... 4 X \$7.50 = \$ 30.00
- d. No fee due for **recycled** manifests.....\$ 0.00
- e. Total of Line b. + Line c. ....= \$ 30.00

Note: The manifest count on Lines b. and c. should equal the count on Line a.

## INSTRUCTIONS FOR COMPLETING SCHEDULE A

- For lines a. – e. above, enter the numbers requested for each line.
  - For line b. multiply the number of manifests by \$3.50 and record the dollar amount.
  - For line c. multiply the number of manifests by \$7.50 and record the dollar amount.
  - For line e. add dollar amounts of lines b. and c. This total is the manifest fees due for the EPA ID number shown at the top of the page.
- For this assessment there are three types of manifests: non-recycled, recycled and air compliance solvents manifests. Manifests used *solely* for recycled waste will have a handling code reported as "01" or "R01" in item K on the manifest form (see circled area on manifest sample on the back of this form). All wastes listed on a manifest must have handling codes of "01" or "R01" to be counted as a solely recycled manifest. You need to pay manifest fees only for non-recycled manifests. There is no fee for recycled manifests.
- If you believe the manifest totals shown in the box above are incorrect, you may use the manifest totals from your own files to calculate the fee. However, please be aware that any difference between the amount you report and the amount printed above is subject to audit by DTSC.
- On January 1, 1999 many businesses were required to switch from petroleum-based solvents to air compliance solvents (also called water-based cleaners). The fee for manifests used solely for hazardous waste derived from air compliance solvents was reduced from \$7.50 to \$3.50. Most air compliance solvent waste is now recyclable. Manifests used to ship air compliance solvents that were recycled should not be charged \$3.50. The Manifest Fee Calculation above includes air compliance solvent manifests as part of the non-recycled manifest count. Businesses that do not recycle their air compliance solvent waste who desire to use the reduced \$3.50 fee must use their internal records to identify manifests used solely for air compliance solvent wastes.



## SCHEDULE B – FEES SUMMARY SHEET

(See back of this form for complete instructions.)

All completed forms and appropriate fees must be submitted **not later than 30 days** from the date of receipt.

### A. EPA ID NUMBER VERIFICATION FEE (July 1, 2004 through June 30, 2005)

1. Name of your organization: \_\_\_\_\_
2. Enter the total number of California employees in your entire organization: \_\_\_\_\_  
(Please read instructions for Line 2 on the back of this form.)

Number of Employees	1 – 49	50 – 74	75 – 99	100 – 249	250 – 499	500 or more
EPA ID Fee Rate	NO FEE	\$150	\$175	\$200	\$225	\$250

(Total EPA ID Number Verification Fees not to exceed \$5000)

3. Enter the EPA ID Number Verification Fee rate from the table above: \$ 0
4. Enter the total number of **permanent** EPA ID numbers held by your organization: 1  
(NOTE: Attach a VQ form and Schedule A for **each** permanent EPA ID number you are reporting. Numbers that begin with "CAC" should not be included in your total on Line 4. See instructions.)
5. Multiply Line 3 by Line 4: =\$ 0
6. **TOTAL** EPA ID Number Verification Fee due (Enter the dollar amount from Line 5 above OR \$5000, whichever amount is less.): \$ 0

### B. MANIFEST FEE (January 1, 2004 through December 31, 2004)

1. Enter the dollar amount from Line e on your Schedule A – Manifest Fee Calculation Sheet.  
(If you are reporting more than one ID number, enter the **TOTAL** of the dollar amounts from Line e on **all** of your Schedule A – Manifest Fee Calculation Sheets.) \$ 30.00

### C. GRAND TOTAL OF EPA ID NUMBER VERIFICATION FEES AND MANIFEST FEES

1. **Add Line A6 and Line B1, enter the total dollar amount.**  
It is not uncommon to not owe fees. You are still required to complete and submit all forms.  
If fee is due, please make your check payable to "DTSC" for the total amount on this line: =\$ 30.00  
\*\*\* **Please write one of your EPA ID numbers on your check.**

To pay your fees via **credit card**, complete the enclosed "EPA ID and Manifest Fee Credit Card Payment Form".

I hereby certify under penalty of perjury that the information on the Verification Questionnaire(s), Schedule A(s) and Schedule B is true and correct.

Signature of Preparer: \_\_\_\_\_ Title: \_\_\_\_\_  
Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

THIS SECTION FOR DEPARTMENT USE ONLY			
Check No:	\$AMOUNT	DATE:	CID NO:
12560055:	12560092:	12560065:	
12560035:	12560091:	AMOUNT DUE:	
12560075:	12560096:	PRIMARY ID #:	

## INSTRUCTIONS FOR COMPLETING SCHEDULE B – FEES SUMMARY SHEET

### **SECTION A (EPA ID Number Verification Fee for 2004/2005)**

*NOTE: Health and Safety Code, Section 25205.16 requires DTSC to verify the accuracy of information related to generators, transporters and facilities authorized to treat, dispose of, store, or recycle hazardous waste. DTSC captures this data through the Verification Questionnaire and uses the collected information to ensure that the Hazardous Waste Information Network database is current and accurate. The EPA ID Number Verification Fee, which has been established by State legislation, funds this effort.*

**Line 1:** Enter the full name of your organization. Do not abbreviate.

**Line 2:** Enter the total number of individuals employed in California by your organization. An employee must have worked more than 500 hours during the calendar year 2004 to be included in your calculation. ("Organization" is defined as a registered corporation, sole proprietor, partnership, or company. For public agencies, "organization" is defined as a city, county, commission, agency, department or district.)

**Line 3:** Based on the number of employees entered on Line 2, determine your EPA ID Number Verification Fee rate by using the table shown and then enter that rate on Line 3.

**Line 4:** Enter the total number of **permanent** EPA ID numbers assigned to your organization. Do not include "CAC" numbers in your total, as they are temporary and not subject to the EPA ID Number Verification Fee. If you indicated on the Verification Questionnaire that you wish to deactivate a permanent EPA ID number, **you must still include that number in this total**. The fee is required because that EPA ID number was active during the billing period (July 1, 2004 through June 30, 2005).

**Line 5:** Enter the EPA ID Number Verification Fee. This fee is determined by multiplying the fee rate (reported on Line 3) by the total of permanent EPA ID numbers assigned to your organization (reported on Line 4).

**Line 6:** Enter either the amount shown on Line 5, **OR** \$5000 (whichever amount is **less**). The maximum EPA ID Number Verification Fee is \$5000 per organization.

### **SECTION B (Manifest Fees for January 1, 2004 through December 31, 2004)**

**Line 1:** Enter the **total** manifest fees due. This amount is shown on Line e on the **Schedule A – Manifest Fee Calculation Sheet**. If your organization has more than one EPA ID number, enter the **total** of the dollar amounts from **all** your Schedule A – Manifest Fee Calculation Sheets.

### **SECTION C (Grand total of all EPA ID Number Verification Fees and Manifest Fees owed)**

**Line 1:** Add Line A6 and B1. The sum of these two amounts is the total fee due from your organization. Please make your check payable to "DTSC" or use the credit card payment form. Please write one of your EPA ID numbers on your check.

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**IMPORTANT:** YOU MUST RETURN THE ORIGINAL OF THE FOLLOWING DOCUMENTS WITHIN 30 DAYS:

- ✓ **Verification Questionnaire** (one form for each EPA ID number)
- ✓ **Schedule A – Manifest Fee Calculation Sheet** (one form for each EPA ID number)
- ✓ **Schedule B – Fee Summary Sheet** (only **ONE** of these forms is needed for your entire organization)



2003

022035

JUN-04

06/15/04

37.50

.00

37.50

CHECK: 022035 06/24/04 ACCOUNTING UNIT

CHK TOTAL:

37.50

## 2004 VERIFICATION QUESTIONNAIRE

(See back of this form for instructions.)

The Department of Toxic Substances Control (DTSC) requires that all enclosed forms be completed and returned with appropriate fees **not later than 30 days from the date of receipt**. Instructions for all forms are included.

ELECTRONIC CHROME & GRINDING CO INC  
9132 DICE RD  
SANTA FE SPRINGS CA 90670-2545

If your mailing address has changed, please  
**PRINT or TYPE the correct address below:**

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

No City Abbreviations

### DO NOT ALTER INFORMATION IN THIS AREA

1. EPA ID Number: CAD008391427  
2. Location address: 9132 DICE RD  
SANTA FE SPRINGS CA 90670-0000

If your business has moved, call GISS.

#### 3. COMPANY OWNER INFO:

**NOTE:** California EPA ID numbers issued by DTSC may not be transferred to another owner. If the ownership of your organization has changed, please call GISS for assistance. Do NOT fill in new owner information below.

PHILIP REED PRESIDENT  
9132 DICE RD  
SANTA FE SPRINGS CA 90670-2545  
(562)946-6671

Company owner or Corp. name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of ownership change: \_\_\_\_\_

4. ☐ My new EPA ID number is \_\_\_\_\_

#### 5. COMPANY NAME:

If printed company name is incorrect, please provide correct name:

ELECTRONIC CHROME & GRINDING CO INC  
Company name: \_\_\_\_\_

#### 6. CONTACT INFO:

If printed contact is incorrect or blank, please provide correct information:

MIKE REED  
9132 DICE RD  
SANTA FE SPRINGS CA 90670-2545  
(562)946-6671

Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Business email address: \_\_\_\_\_

#### 7. SIC CODE (4 digits):

3399

If printed SIC Code is incorrect or blank, please provide correct information:

\_\_\_\_\_

8. ☐ Check here if you wish to CANCEL the EPA ID number listed on Line 1. (See reverse side.)

## Hazardous Waste Handlers:

This is your fee assessment for the Environmental Protection Agency Identification (EPA ID) Number Verification Fee and Manifest Fee as required by Health and Safety Code, Sections 25205.16 and 25205.15. The EPA ID Number Verification Fee is for all valid EPA ID numbers held by your organization during the fiscal year 2003/2004 (from July 1, 2003 through June 30, 2004). The Manifest Fee assessment is for all manifests used by your organization from January 1, 2003 through December 31, 2003.

Instructions are included to assist you in completing these forms and calculating the required fees, if applicable. Frequently asked questions and answers are available under "Managing Hazardous Waste" at our website [www.dtsc.ca.gov](http://www.dtsc.ca.gov). If you have any questions, please contact DTSC's Generator Information Services Section (GISS) toll free at 1-877-454-4012 if you are dialing within California, or 1-916-255-4439 if you are outside California. The GISS operating hours are 8:30 a.m. to 4:30 p.m. (Pacific Standard Time), Monday through Friday. (Note: The phone lines will be very busy. Please be prepared to be placed on hold.)

All forms and payment, if any, are due **30 days from the receipt of this assessment notice**. Checks are to be made payable to the Department of Toxic Substances Control or "DTSC". Return all forms and payment in the enclosed return envelope or to the following address:

Accounting Unit, EPA ID  
Department of Toxic Substances Control  
P.O. Box 806  
Sacramento, CA 95812-0806

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### INSTRUCTIONS FOR COMPLETING THE VERIFICATION QUESTIONNAIRE

You are mandated by law to provide or verify the information on the verification questionnaire and return to DTSC.

Printed organization name and mailing address:

Provide any correction to the organization's printed mailing address.

Lines 1 and 2 (shaded box):

Check your records to verify that the printed EPA ID number and location address are both correct. Do not change, strike out, or write over this information. If the information is incorrect, please call GISS for assistance. (NOTE: EPA ID numbers are site specific to the location to which they are originally issued. EPA ID numbers cannot be moved to another location. If the location address printed on Line 2 is no longer the address of your site, please call GISS for assistance. You may need a new EPA ID number.)

Lines 3 and 4:

Provide any corrections and/or additions to the information pre-printed on this form. However, if there has been a change in ownership, call GISS. When there is a change in ownership, you must get a new EPA ID number. GISS staff will instruct you about Line 4 when you call.

Lines 5 and 6:

Provide any corrections and/or additions to the information pre-printed on this form. Please provide your business email address. This will be part of the facility record and can be used to send you information on the annual verification process. For security reasons, we do not accept personal Hotmail, Yahoo, or Juno email addresses.

Line 7:

Provide any corrections to your SIC (Standard Industrial Classification) Code for your primary business activity. If no SIC Code is pre-printed on Line 7, please provide the primary SIC Code for your business. The SIC Code is a four digit number that best describes your company's primary business activity. If your company's SIC Code is unknown, you can obtain the number on the Internet at: [www.osha.gov/oshstats/sicser.html](http://www.osha.gov/oshstats/sicser.html)

Line 8:

Check this box ONLY if you wish to cancel the EPA ID number shown on Line 1. Cancellation date will be June 30, 2004.

If your organization has more than one EPA ID number, you should receive a Verification Questionnaire and a Schedule A – Manifest Calculation Sheet for each of your permanent EPA ID numbers. You must complete both forms for each EPA ID number assigned to your organization. (NOTE: The total dollar amount owed by your organization includes the manifest fees for all of your organization's EPA ID numbers. The total manifest fee dollar amount must be entered in Section B of the Schedule B – Fees Summary Sheet.)

## SCHEDULE A – MANIFEST FEE CALCULATION SHEET (2003 Manifests)

(See back of this form for sample manifest form.)

EPA ID Number: CAD008391427 Name of organization: ELECTRONIC CHROME & GRINDING CO  
INC

From January 1, 2003 through December 31, 2003,  
the Department of Toxic Substances Control recorded  
the number of California Manifests shown at the right  
using the EPA ID printed above.

Non-recycled: 5

Recycled: 3

(NOTE: There is no fee for solely recycled manifests.)

### Manifest Fee Calculation:

- a. Enter the total number of non-recycled manifests from above... 5
- b. How many of the non-recycled manifests listed on Line a. are  
non-recycled air compliance solvent manifests.....            X \$3.50 = \$
- c. Subtract the number of manifests on Line b. from Line a. .... 5 X \$7.50 = \$ 37.50
- d. No fee due for recycled manifests..... \$ 0.00
- e. Total of Line b. + Line c. .... = \$ 37.50
- Note: The manifest count on Lines b. and c. should equal the count on Line a.

## INSTRUCTIONS FOR COMPLETING SCHEDULE A

- For lines a. – e. above, enter the numbers requested for each line.
  - For line b. multiply the number of manifests by \$3.50 and record the dollar amount.
  - For line c. multiply the number of manifests by \$7.50 and record the dollar amount.
  - For line e. add dollar amounts of lines b. and c. This total is the manifest fees due for the EPA ID number shown at the top of the page.
- For this assessment there are three types of manifests: non-recycled, recycled and air compliance solvents manifests. Manifests used *solely* for recycled waste will have a handling code reported as "01" or "R01" in item K on the manifest form (see circled area on manifest sample on the back of this form). All wastes listed on a manifest must have handling codes of "01" or "R01" to be counted as a solely recycled manifest. You need to pay manifest fees only for non-recycled manifests. There is no fee for recycled manifests.
- If you believe the manifest totals shown in the box above are incorrect, you may use the manifest totals from your own files to calculate the fee. However, please be aware that any difference between the amount you report and the amount printed above is subject to audit by DTSC.
- On January 1, 1999 many businesses were required to switch from petroleum-based solvents to air compliance solvents (also called water-based cleaners). The fee for manifests used solely for hazardous waste derived from air compliance solvents was reduced from \$7.50 to \$3.50. Most air compliance solvent waste is now recyclable. Manifests used to ship air compliance solvents that were recycled should not be charged \$3.50. The Manifest Fee Calculation above includes air compliance solvent manifests as part of the non-recycled manifest count. Businesses that do not recycle their air compliance solvent waste who desire to use the reduced \$3.50 fee must use their internal records to identify manifests used solely for air compliance solvent wastes.

## SCHEDULE B – FEES SUMMARY SHEET

(See back of this form for complete instructions.)

All completed forms and appropriate fees must be submitted **not later than 30 days** from the date of receipt.

### A. EPA ID NUMBER VERIFICATION FEE (July 1, 2003 through June 30, 2004)

1. Name of your organization: \_\_\_\_\_
2. Enter the total number of California employees in your entire organization: \_\_\_\_\_  
(Please read instructions for Line 2 on the back of this form.)

Number of Employees	1 – 49	50 – 74	75 – 99	100 – 249	250 – 499	500 or more
EPA ID Fee Rate	NO FEE	\$150	\$175	\$200	\$225	\$250

(Total EPA ID Number Verification Fees not to exceed \$5000)

3. Enter the EPA ID Number Verification Fee rate from the table above: \$ 0
4. Enter the total number of **permanent** EPA ID numbers held by your organization: 1  
(NOTE: Attach a VQ form and Schedule A for **each** permanent EPA ID number you are reporting. Numbers that begin with "CAC" should not be included in your total on Line 4. See instructions.)
5. Multiply Line 3 by Line 4: =\$ 0
6. **TOTAL** EPA ID Number Verification Fee due (Enter the dollar amount from Line 5 above OR \$5000, whichever amount is less.): \$ 0

### B. MANIFEST FEE (January 1, 2003 through December 31, 2003)

1. Enter the dollar amount from Line e on your Schedule A – Manifest Fee Calculation Sheet.  
(If you are reporting more than one EPA ID number, enter the **TOTAL** of the dollar amounts from Line e on **all** your Schedule A – Manifest Fee Calculation Sheets.) \$ 37.50

### C. GRAND TOTAL OF EPA ID NUMBER VERIFICATION FEES AND MANIFEST FEES

1. Add Line A6 and Line B1, then enter the total dollar amount.  
It is not uncommon to not owe fees. You are still required to complete and submit all forms.  
If fee is due, please make your check payable to "DTSC" for the total amount on this line: =\$ 37.50  
\*\*\* Please write one of your EPA ID numbers on your check.

To pay your fees via **credit card**, complete the enclosed "EPA ID and Manifest Fee Credit Card Payment Form".

I hereby certify under penalty of perjury that the information on the Verification Questionnaire(s), Schedule A(s) and Schedule B is true and correct.

Signature of Preparer: Joyce Gilliam  
Name (please print): Joyce Gilliam

Title: BOOKKEEPER  
Date: 6/15/04 Phone: 562-946-6671

#### THIS SECTION FOR DEPARTMENT USE ONLY

Check No:	\$AMOUNT	DATE:	CID NO:
12560055:	12560092:	12560065:	
12560035:	12560091:	AMOUNT DUE:	
12560075:	12560096:	PRIMARY ID #:	

# INSTRUCTIONS FOR COMPLETING SCHEDULE B – FEES SUMMARY SHEET

## **SECTION A (EPA ID Number Verification Fee for 2003/2004)**

*NOTE: Health and Safety Code, Section 25205.16 requires DTSC to verify the accuracy of information related to generators, transporters and facilities authorized to treat, dispose of, store, or recycle hazardous waste. DTSC captures this data through the Verification Questionnaire and uses the collected information to ensure that the Hazardous Waste Information Network database is current and accurate. The EPA ID Number Verification Fee, which has been established by State legislation, funds this effort.*

**Line 1:** Enter the **full** name of your organization. Do not abbreviate.

**Line 2:** Enter the total number of individuals employed in California by your organization. An employee must have worked more than 500 hours during the calendar year 2003 to be included in your calculation. ("Organization" is defined as a registered corporation, sole proprietor, partnership, or company. For public agencies, "organization" is defined as a city, county, commission, agency, department or district.)

**Line 3:** Based on the number of employees entered on Line 2, determine your EPA ID Number Verification Fee rate by using the table shown and then enter that rate on Line 3.

**Line 4:** Enter the total number of **permanent** EPA ID numbers assigned to your organization. Do not include "CAC" numbers in your total, as they are temporary and not subject to the EPA ID Number Verification Fee. If you indicated on the Verification Questionnaire that you wish to deactivate a permanent EPA ID number, **you must still include that number in this total.** The fee is required because that EPA ID number was active during the billing period (July 1, 2003 through June 30, 2004).

**Line 5:** Enter the EPA ID Number Verification Fee. This fee is determined by multiplying the fee rate (reported on Line 3) by the total of permanent EPA ID numbers assigned to your organization (reported on Line 4).

**Line 6:** Enter **either** the amount shown on Line 5, **OR** \$5000 (whichever amount is less). The maximum EPA ID Number Verification Fee is \$5000 per organization.

## **SECTION B (Manifest Fees for January 1, 2003 through December 31, 2003)**

**Line 1:** Enter the **total** manifest fees due. This amount is shown on Line e on the **Schedule A – Manifest Fee Calculation Sheet**. If your organization has more than one EPA ID number, enter the **total** of the dollar amounts from **all** your Schedule A – Manifest Fee Calculation Sheets.

## **SECTION C (Grand total of all EPA ID Number Verification Fees and Manifest Fees owed)**

**Line 1:** Add Line **A6** and **B1**. The sum of these two amounts is the total fee due from your organization. Please make your check payable to "DTSC" or use the credit card payment form. Please write one of your EPA ID numbers on your check.

---

**IMPORTANT:**      **YOU MUST RETURN THE ORIGINAL OF THE FOLLOWING DOCUMENTS WITHIN 30 DAYS:**

- ✓ **Verification Questionnaire** (one form for each EPA ID number)
- ✓ **Schedule A – Manifest Fee Calculation Sheet** (one form for each EPA ID number)
- ✓ **Schedule B – Fee Summary Sheet** (only **ONE** of these forms is needed for your entire organization)

2002



## 2003 VERIFICATION QUESTIONNAIRE

(See back of this form for instructions.)

The Department of Toxic Substances Control (DTSC) requires that all enclosed forms be completed and returned with appropriate fees **not later than 30 days from the date of receipt**. Instructions for all forms are included.

ELECTRONIC CHROME & GRINDING CO INC  
9132 DICE RD  
SANTA FE SPRINGS CA 90670-2545

If your mailing address has changed, please  
**PRINT or TYPE** the correct address below:

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### DO NOT ALTER INFORMATION IN THIS AREA

1. EPA ID Number: CAD008391427  
2. Location address: 9132 DICE RD  
SANTA FE SPRINGS CA 90670-0000

If your business has moved, call GISS.

3. COMPANY OWNER INFO:

**NOTE:** California EPA ID numbers issued by DTSC may not be transferred to another owner. If the ownership of your organization has changed, please call GISS for assistance. Do NOT fill in new owner information below.

PHILIP REED PRESIDENT  
9132 DICE RD  
SANTA FE SPRINGS CA 90670-2545  
(562)666-6671

Company owner or Corp. name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (562) 946-6671

Date of ownership change: \_\_\_\_\_

4. ☐ My new EPA ID number is \_\_\_\_\_

5. COMPANY NAME:

If printed company name is incorrect, please provide correct name:

ELECTRONIC CHROME & GRINDING  
CO INC

Company name: \_\_\_\_\_

6. CONTACT INFO:

If printed contact is incorrect or blank, please provide correct information:

MIKE REED  
9132 DICE RD  
SANTA FE SPRINGS CA 90670-0000  
(562)666-6671

Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (562) 946-6671

Business email address: \_\_\_\_\_

7. SIC CODE (4 digits):  
3399

If printed SIC Code is incorrect or blank, please provide correct information:

3 4 7 1

8. ☐ Check here if you wish to CANCEL the EPA ID number listed on Line 1. (See reverse side.)

9. ☐ Check if you would like to verify online in 2004. We will use the email address above.

10. ☐ Check if your business has a total of 49 or fewer employees in all business locations in California. This will help us determine if we should send you fee forms in 2004.

*The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption. For a list of simple ways you can reduce demand and cut your energy costs, see our Web-site at [www.dtsc.ca.gov](http://www.dtsc.ca.gov).*

♻️ Printed on Recycled Paper

## Hazardous Waste Handlers:

This is your fee assessment for the Environmental Protection Agency Identification (EPA ID) Number Verification Fee and Manifest Fee as required by Health and Safety Code, Sections 25205.16 and 25205.15. The EPA ID Number Verification Fee is for all valid EPA ID numbers held by your organization during the fiscal year 2002/2003 (from July 1, 2002 through June 30, 2003). The Manifest Fee assessment is for all manifests used by your organization from January 1, 2002 through December 31, 2002.

Instructions are included to assist you in completing these forms and calculating the required fees, if applicable. Frequently asked questions and answers are available under "Managing Hazardous Waste" at our website [www.dtsc.ca.gov](http://www.dtsc.ca.gov). If you have any questions, please contact DTSC's Generator Information Services Section (GISS) toll free at 1-877-454-4012 if you are dialing within California, or 1-916-255-4439 if you are outside California. The GISS operating hours are 8:30 a.m. to 12:00 noon and 1:00p.m. to 4:30p.m. (Pacific Standard Time), Monday through Friday. (Note: The phone lines will be very busy. Please be prepared to be placed on hold.)

All forms and payment, if any, are due **30 days from the receipt of this assessment notice**. Checks are to be made payable to the Department of Toxic Substances Control or "DTSC". Return all forms and payment in the enclosed return envelope or to the following address:

Accounting Unit, EPA ID  
Department of Toxic Substances Control  
P.O. Box 808  
Sacramento, CA 95812-0808

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### INSTRUCTIONS FOR COMPLETING THE VERIFICATION QUESTIONNAIRE

You are mandated by law to provide or verify the information on the verification questionnaire and return to DTSC.

Printed organization name and mailing address:

Provide any correction to the organization's printed mailing address.

Lines 1 and 2 (shaded box):

Check your records to verify that the printed EPA ID number and location address are both correct. Do not change, strike out, or write over this information. If either line is incorrect, please call GISS for assistance. (NOTE: EPA ID numbers are site specific to the location to which they are originally issued. EPA ID numbers cannot be moved to another location. If the location address printed on Line 2 is no longer the address of your site, please call GISS for assistance. You may need a new EPA ID number.)

Lines 3 and 4:

Provide any corrections and/or additions to the information pre-printed on this form. However, if there has been a change in ownership, call GISS. When there is a change in ownership, you must get a new EPA ID number. GISS staff will instruct you about Line 4 when you call.

Lines 5 and 6:

Provide any corrections and/or additions to the information pre-printed on this form. Please provide your business email address. This will be part of the facility record and can be used to send you information on the annual verification process. For security reasons, we do not accept personal Hotmail, Yahoo, or Juno email addresses.

Line 7:

Provide any corrections to your SIC (Standard Industrial Classification) Code for your primary business activity. If no SIC Code is pre-printed on Line 7, please provide the primary SIC Code for your business. The SIC Code is a four digit number that best describes your company's primary business activity. If your company's SIC Code is unknown, you can obtain the number on the Internet at: [www.osha.gov/oshstats/sicser.html](http://www.osha.gov/oshstats/sicser.html)

Line 8:

Check this box ONLY if you wish to cancel the EPA ID number shown on Line 1.

Line 9:

Check this box if you would like to complete this verification form online in 2004. You must provide a business email address in Line 6.

Line 10:

Please check this box if you have 49 or less employees employed by your organization in California. An employee must have worked more than 500 hours during the calendar year 2002 to be included in your total. "Organization" is defined as a registered corporation, sole proprietor, partnership, or company. For public agencies, "organization" is defined as a city, county, commission, agency, department or district. DTSC will use this information to determine if we need to send you fee forms in 2004.

If your organization has more than one EPA ID number, you should receive a Verification Questionnaire and a Schedule A – Manifest Calculation Sheet for each of your permanent EPA ID numbers. You must complete both forms for each EPA ID number assigned to your organization. (NOTE: The total dollar amount owed by your organization includes the manifest fees for all of your organization's EPA ID numbers. The total manifest fee dollar amount must be entered in Section B of the Schedule B – Fees Summary Sheet.)

DTSC 1193 [back] (3/03)

## SCHEDULE A — MANIFEST FEE CALCULATION SHEET (2002 Manifests)

(See back of this form for sample manifest form.)

EPA ID Number: CAD008391427

Name of organization: ELECTRONIC CHROME & GRINDING CO  
INC

From January 1, 2002 through December 31, 2002,  
the Department of Toxic Substances Control recorded  
the number of California Manifests shown at the right  
using the EPA ID printed above.

Non-recycled: 2

Recycled: 2

(NOTE: There is no fee for solely recycled manifests.)

### Manifest Fee Calculation:

- a. Enter the total number of **non-recycled** manifests from above... 2
- b. How many of the **non-recycled** manifests listed on Line a. are  
non-recycled air compliance solvent manifests..... 2 X \$3.50 = \$ 7.00
- c. Subtract the number of manifests on Line b. from Line a. .... X \$7.50 = \$ 0
- d. No fee due for **recycled** manifests..... \$ 0.00
- e. Total of Line b. + Line c. .... = \$ 7.00

Note: The manifest count on Lines b. and c. should equal the count on Line a.

## INSTRUCTIONS FOR COMPLETING SCHEDULE A

- For lines a. – e. above, enter the numbers requested for each line.
  - For line b. multiply the number of manifests by \$3.50 and record the dollar amount.
  - For line c. multiply the number of manifests by \$7.50 and record the dollar amount.
  - For line e. add dollar amounts of lines b. and c. This total is the manifest fees due for the EPA ID number shown at the top of the page.
- For this assessment there are three types of manifests: non-recycled, recycled and air compliance solvents manifests. Manifests used *solely* for recycled waste will have a handling code reported as "01" or "R01" in item K on the manifest form (see circled area on manifest sample on the back of this form). All wastes listed on a manifest must have handling codes of "01" or "R01" to be counted as a solely recycled manifest. You need to pay manifest fees only for non-recycled manifests. There is no fee for recycled manifests.
- If you believe the manifest totals shown in the box above are incorrect, you may use the manifest totals from your own files to calculate the fee. However, please be aware that any difference between the amount you report and the amount printed above is subject to audit by DTSC.
- On January 1, 1999 many businesses were required to switch from petroleum-based solvents to air compliance solvents (also called water-based cleaners). The fee for manifests used solely for hazardous waste derived from air compliance solvents was reduced from \$7.50 to \$3.50. Most air compliance solvent waste is now recyclable. Manifests used to ship air compliance solvents that were recycled should not be charged \$3.50. The Manifest Fee Calculation above includes air compliance solvent manifests as part of the non-recycled manifest count. Businesses that do not recycle their air compliance solvent waste who desire to use the reduced \$3.50 fee must use their internal records to identify manifests used solely for air compliance solvent wastes.

## SCHEDULE B – FEES SUMMARY SHEET

(See back of this form for complete instructions.)

All completed forms and appropriate fees must be submitted **not later than 30 days** from the date of receipt.

### A. EPA ID NUMBER VERIFICATION FEE (July 1, 2002 through June 30, 2003)

1. Name of your organization: ELECTRONIC CHROME & GRINDING CO., INC.

2. Enter the total number of California employees in your entire organization: 16

(Please read instructions for Line 2 on the back of this form.)

Number of Employees	1 – 49	50 – 74	75 – 99	100 – 249	250 – 499	500 or more
EPA ID Fee Rate	NO FEE	\$150	\$175	\$200	\$225	\$250

(Total EPA ID Number Verification Fees not to exceed \$5000)

3. Enter the EPA ID Number Verification Fee rate from the table above: \$ 0

4. Enter the total number of permanent EPA ID numbers held by your organization: 1  
(NOTE: Attach a VQ form and Schedule A for each permanent EPA ID number you are reporting. Numbers that begin with "CAC" should not be included in your total on Line 4. See instructions.)

5. Multiply Line 3 by Line 4: =\$ 0

6. TOTAL EPA ID Number Verification Fee due (Enter the dollar amount from Line 5 above OR \$5000, whichever amount is less.): \$ 0

### B. MANIFEST FEE (January 1, 2002 through December 31, 2002)

1. Enter the dollar amount from Line e on your Schedule A – Manifest Fee Calculation Sheet.  
(If you are reporting more than one EPA ID number, enter the TOTAL of the dollar amounts from Line e on all your Schedule A – Manifest Fee Calculation Sheets.) \$ 7.00

### C. GRAND TOTAL OF EPA ID NUMBER VERIFICATION FEES AND MANIFEST FEES

1. Add Line A6 and Line B1, then enter the total dollar amount.  
It is not uncommon to not owe fees. You are still required to complete and submit all forms.  
If fee is due, please make your check payable to "DTSC" for the total amount on this line: =\$ 7.00  
Please write one of your EPA ID numbers on your check.

To pay your fees via credit card, complete the enclosed "EPA ID and Manifest Fee Credit Card Payment Form".

I hereby certify under penalty of perjury that the information on the Verification Questionnaire(s), Schedule A(s) and Schedule B is true and correct.

Signature of Preparer: \_\_\_\_\_

Title: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

THIS SECTION FOR DEPARTMENT USE ONLY			
Check No:	\$AMOUNT	DATE:	CID NO:
12560055:	12560092:	12560065:	
12560035:	12560091:	AMOUNT DUE:	
12560075:	12560096:	PRIMARY ID #:	

# INSTRUCTIONS FOR COMPLETING SCHEDULE B – FEES SUMMARY SHEET

## **SECTION A (EPA ID Number Verification Fee for 2002/2003)**

*NOTE: Health and Safety Code, Section 25205.16 requires DTSC to verify the accuracy of information related to generators, transporters and facilities authorized to treat, dispose of, store, or recycle hazardous waste. DTSC captures this data through the Verification Questionnaire and uses the collected information to ensure that the Hazardous Waste Information Network database is current and accurate. The EPA ID Number Verification Fee, which has been established by State legislation, funds this effort.*

**Line 1:** Enter the full name of your organization. Do not abbreviate.

**Line 2:** Enter the total number of individuals employed in California by your organization. An employee must have worked more than 500 hours during the calendar year 2002 to be included in your calculation. ("Organization" is defined as a registered corporation, sole proprietor, partnership, or company. For public agencies, "organization" is defined as a city, county, commission, agency, department or district.)

**Line 3:** Based on the number of employees entered on Line 2, determine your EPA ID Number Verification Fee rate by using the table shown and then enter that rate on Line 3.

**Line 4:** Enter the total number of **permanent** EPA ID numbers assigned to your organization. Do not include "CAC" numbers in your total, as they are temporary and not subject to the EPA ID Number Verification Fee. If you indicated on the Verification Questionnaire that you wish to deactivate a permanent EPA ID number, **you must still include that number in this total.** The fee is required because that EPA ID number was active during the billing period (July 1, 2002 through June 30, 2003).

**Line 5:** Enter the EPA ID Number Verification Fee. This fee is determined by multiplying the fee rate (reported on Line 3) by the total of permanent EPA ID numbers assigned to your organization (reported on Line 4).

**Line 6:** Enter **either** the amount shown on Line 5, **OR** \$5000 (whichever amount is **less**). The maximum EPA ID Number Verification Fee is \$5000 per organization.

## **SECTION B (Manifest Fees for January 1, 2002 through December 31, 2002)**

**Line 1:** Enter the **total** manifest fees due. This amount is shown on Line e on the **Schedule A – Manifest Fee Calculation Sheet**. If your organization has more than one EPA ID number, enter the **total** of the dollar amounts from all your Schedule A – Manifest Fee Calculation Sheets.

## **SECTION C (Grand total of all EPA ID Number Verification Fees and Manifest Fees owed)**

**Line 1:** Add Line A6 and B1. The sum of these two amounts is the total fee due from your organization. Please make your check payable to "DTSC" or use the credit card payment form. Please write one of your EPA ID numbers on your check.

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**IMPORTANT:** YOU MUST RETURN THE ORIGINAL OF THE FOLLOWING DOCUMENTS WITHIN 30 DAYS:

- ✓ **Verification Questionnaire** (one form for each EPA ID number)
- ✓ **Schedule A – Manifest Fee Calculation Sheet** (one form for each EPA ID number)
- ✓ **Schedule B – Fee Summary Sheet** (only **ONE** of these forms is needed for your entire organization)

2001

019499

2002	06/12/02	58.00	.00	58.00
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CHECK: 019499 06/13/02 ACCOUNTING UNIT CHK TOTAL: 58.00

## 2002 VERIFICATION QUESTIONNAIRE

(See back of this form for instructions.)

The Department of Toxic Substances Control (DTSC) requires that all enclosed forms be completed and returned with appropriate fees **not later than 30 days from the date of receipt**. Instructions for all forms are included.

ELECTRONIC CHROME & GRINDING CO INC  
9132 DICE RD  
SANTA FE SPRINGS CA 90670-2545

If your mailing address has changed, please  
**PRINT or TYPE** the correct address below:

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### DO NOT ALTER INFORMATION IN THIS AREA

1. **EPA ID Number:** CAD008391427  
2. **Location address:** 9132 DICE RD  
SANTA FE SPRINGS CA 90670-0000

If your business has moved, call GISS.

3. **COMPANY OWNER INFO:**

PHILIP REED PRESIDENT  
9132 DICE RD  
SANTA FE SPRINGS CA 90670-2545  
(562)946-6671

**NOTE:** California EPA ID numbers issued by DTSC may not be transferred to another owner. If the ownership of your organization has changed, please call GISS for assistance. Do NOT fill in new owner information below.

Company owner or Corp. name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of ownership change: \_\_\_\_\_

4. ☐ My new EPA ID number is \_\_\_\_\_

5. **COMPANY NAME:**

If printed company name is incorrect, please provide correct name:

ELECTRONIC CHROME & GRINDING Company name: \_\_\_\_\_

6. **CONTACT INFO:**

If printed contact is incorrect or blank, please provide correct information:

MIKE REED  
9132 DICE RD  
SANTA FE SPRINGS CA 90670-2545  
(562)946-6671

Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

7. **SIC CODE (4 digits):**

If printed SIC Code is incorrect or blank, please provide correct information:

3471

8. ☐ Check here if you wish to **CANCEL** the EPA ID number listed on Line 1. (See reverse side.)

9. **Would you like an HWTS user ID to manifest online?** ☐ yes ☐ no

If yes, please provide:

\_\_\_\_\_  
User's full name

\_\_\_\_\_  
User's business email address

*The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption. For a list of simple ways you can reduce demand and cut your energy costs, see our Web-site at [www.dtsc.ca.gov](http://www.dtsc.ca.gov).*

♻️ Printed on Recycled Paper



## Hazardous Waste Handlers:

This is your fee assessment for the Environmental Protection Agency Identification (EPA ID) Number Verification Fee and Manifest Fee as required by Health and Safety Code, Sections 25205.16 and 25205.15. The EPA ID Number Verification Fee is for all valid EPA ID numbers held by your organization during the fiscal year 2001/2002 (from **July 1, 2001 through June 30, 2002**). The Manifest Fee assessment is for all manifests used by your organization from **January 1, 2001 through December 31, 2001**.

Instructions are included to assist you in completing these forms and calculating the required fees, if applicable. Frequently asked questions and answers are available under "Managing Hazardous Waste" at our website [www.dtsc.ca.gov](http://www.dtsc.ca.gov). If you have any questions, please contact DTSC's Generator Information Services Section (GISS) toll free at 1-877-454-4012 if you are dialing within California, or 1-916-255-4439 if you are outside California. The GISS operating hours are 8:30 a.m. to 12:00 noon and 1:00p.m. to 4:30p.m. (Pacific Standard Time), Monday through Friday. GISS is closed from 12:00 noon to 1:00 p.m. daily. (Note: The phone lines will be very busy. Please be prepared to be placed on hold. If you get a busy signal, please try again later.)

All forms and payment, if any, are due **30 days from the receipt of this assessment notice**. Checks are to be made payable to the Department of Toxic Substances Control or "DTSC". Return all forms and payment in the enclosed return envelope or to the following address:

Accounting Unit, EPA ID  
Department of Toxic Substances Control  
P.O. Box 806  
Sacramento, CA 95812-0806

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### INSTRUCTIONS FOR COMPLETING THE VERIFICATION QUESTIONNAIRE

You are mandated by law to provide or verify the information on the verification questionnaire and return to DTSC.

**Printed organization name and mailing address:**

Provide any corrections to the organization's printed mailing address.

**Lines 1 and 2 (shaded box):**

Check your records to verify that the printed EPA ID number and location address are both correct. Do not change, strike out, or write over this information. If either line is incorrect, please call GISS for assistance. (NOTE: EPA ID numbers are site specific to the location to which they are originally issued. EPA ID numbers cannot be moved to another location. If the location address printed on Line 2 is no longer the address of your site, please call GISS for assistance. You may need a new EPA ID number.)

**Lines 3 and 4:**

Provide any corrections and/or additions to the information pre-printed on this form. However, if there has been a change in ownership, call GISS. When there is a change in ownership, you must get a new EPA ID number. GISS staff will instruct you about Line 4 when you call.

**Lines 5 and 6:**

Provide any corrections and/or additions to the information pre-printed on this form.

**Line 7:**

Provide any corrections to your SIC (Standard Industrial Classification) Code for your primary business activity. If no SIC Code is pre-printed on Line 7, please provide the primary SIC Code for your business. The SIC Code is a four digit number that best describes your company's primary business activity. If your company's SIC Code is unknown, you can obtain the number on the Internet at: [www.osha.gov/oshstats/sicser.html](http://www.osha.gov/oshstats/sicser.html)

**Line 8:**

Check this box ONLY if you wish to cancel the EPA ID number shown on Line 1.

**Line 9:**

If you would like access to DTSC's Hazardous Waste Tracking System (HWTS) to manifest online (see yellow insert), check yes. Provide the full name of the person who will have access to HWTS. Also, provide a business email address, so that we may email the system user name and password. The email address will be part of the facility record for the ID number on the VQ.

If your organization has more than one EPA ID number, you should receive a Verification Questionnaire and a Schedule A – Manifest Calculation Sheet for each of your permanent EPA ID numbers. You must complete both forms for each EPA ID number assigned to your organization. (NOTE: The total dollar amount owed by your organization includes the manifest fees for all of your organization's EPA ID numbers. The total manifest fee dollar amount must be entered in Section B of the Schedule B – Fees Summary Sheet.)

## SCHEDULE A – MANIFEST FEE CALCULATION SHEET (2001 Manifests)

(See back of this form for sample manifest form.)

EPA ID Number: CAD008391427 Name of organization: ELECTRONIC CHROME & GRINDING CO  
INC

From January 1, 2001 through December 31, 2001,  
the Department of Toxic Substances Control recorded  
the number of California Manifests shown at the right  
using the EPA ID printed above.

Non-recycled: 8

Recycled: 4

(NOTE: There is no fee for solely recycled manifests.)

### Manifest Fee Calculation:

- a. Enter the total number of **non-recycled** manifests from above... 12
- b. How many of the **non-recycled** manifests listed on Line a. are  
non-recycled air compliance solvent manifests... 8 X \$3.50 = \$ 28.00
- c. Subtract the number of manifests on Line b. from Line a. .... 4 X \$7.50 = \$ 30.00
- d. No fee due for recycled manifests.....\$ 0.00
- e. Total of Line b. + Line c. ....= \$ 58.00

Note: The manifest count on Lines b. and c. should equal the count on Line a.

## INSTRUCTIONS FOR COMPLETING SCHEDULE A

- For lines a. – e. above, enter the numbers requested for each line.
  - For line b. multiply the number of manifests by \$3.50 and record the dollar amount.
  - For line c. multiply the number of manifests by \$7.50 and record the dollar amount.
  - For line e. add dollar amounts of lines b. and c. This total is the manifest fees due for the EPA ID number shown at the top of the page.
- For this assessment there are three types of manifests: non-recycled, recycled and air compliance solvents manifests. Manifests used *solely* for recycled waste will have a handling code reported as "01" or "R01" in item K on the manifest form (see circled area on manifest sample on the back of this form). All wastes listed on a manifest must have handling codes of "01" or "R01" to be counted as a solely recycled manifest. You need to pay manifest fees only for non-recycled manifests. There is no fee for recycled manifests.
- If you believe the manifest totals shown in the box above are incorrect, you may use the manifest totals from your own files to calculate the fee. However, please be aware that any difference between the amount you report and the amount printed above is subject to audit by DTSC.
- On January 1, 1999 many businesses were required to switch from petroleum-based solvents to air compliance solvents (also called water-based cleaners). The fee for manifests used solely for hazardous waste derived from air compliance solvents was reduced from \$7.50 to \$3.50. Most air compliance solvent waste is now recyclable. Manifests used to ship air compliance solvents that were recycled should not be charged \$3.50. The Manifest Fee Calculation above includes air compliance solvent manifests as part of the non-recycled manifest count. Businesses that do not recycle their air compliance solvent waste who desire to use the reduced \$3.50 fee must use their internal records to identify manifests used solely for air compliance solvent wastes.

DO NOT WRITE BELOW THIS LINE.

## SCHEDULE B – FEES SUMMARY SHEET

(See back of this form for complete instructions.)

All completed forms and appropriate fees must be submitted **not later than 30 days** from the date of receipt.

### A. EPA ID NUMBER VERIFICATION FEE (July 1, 2001 through June 30, 2002)

1. Name of your organization: ELECTRONIC CHROME & GRINDING CO., INC.

2. Enter the total number of California employees in your entire organization: 17

(Please read instructions for Line 2 on the back of this form.)

Number of Employees	1 – 49	50 – 74	75 – 99	100 – 249	250 – 499	500 or more
EPA ID Fee Rate	<b>NO FEE</b>	<b>\$150</b>	<b>\$175</b>	<b>\$200</b>	<b>\$225</b>	<b>\$250</b>

(Total EPA ID Number Verification Fees not to exceed \$5000)

3. Enter the EPA ID Number Verification Fee rate from the table above: / \$ 0

4. Enter the total number of **permanent** EPA ID numbers held by your organization: 1  
(NOTE: Attach a VQ form and Schedule A for **each** permanent EPA ID number you are reporting. Numbers that begin with "CAC" should not be included in your total on Line 4. See instructions.)

5. Multiply Line 3 by Line 4: =\$ 0

6. **TOTAL** EPA ID Number Verification Fee due (Enter the dollar amount from Line 5 above OR \$5000, whichever amount is less.): \$ 0

### B. MANIFEST FEE (January 1, 2001 through December 31, 2001)

1. Enter the dollar amount from Line e on your Schedule A – Manifest Fee Calculation Sheet.  
(If you are reporting more than one EPA ID number, enter the **TOTAL** of the dollar amounts from Line e on all your Schedule A – Manifest Fee Calculation Sheets.) \$ 58.00

### C. GRAND TOTAL OF EPA ID NUMBER VERIFICATION FEES AND MANIFEST FEES

1. **Add Line A6 and Line B1, then enter the total dollar amount.**  
It is not uncommon to not owe fees. You are still required to complete and submit all forms. 58.00  
If fee is due, please make your check payable to "DTSC" for the total amount on this line: =\$ 58.00  
Please write one of your EPA ID numbers on your check.

To pay your fees via **credit card**, complete the enclosed "EPA ID and Manifest Fee Credit Card Payment Form".

I hereby certify under penalty of perjury that the information on the Verification Questionnaire(s), Schedule A(s) and Schedule B is true and correct.

Signature of Preparer: \_\_\_\_\_

Title: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

THIS SECTION FOR DEPARTMENT USE ONLY			
Check No:	\$AMOUNT	DATE:	CID NO:
12560055:	12560092:	12560065:	
12560035:	12560091:	AMOUNT DUE:	
12560075:	12560096:	PRIMARY ID #:	



## INSTRUCTIONS FOR COMPLETING SCHEDULE B – FEES SUMMARY SHEET

### **SECTION A (EPA ID Number Verification Fee for 2001/2002)**

*NOTE: Health and Safety Code, Section 25205.16 requires DTSC to verify the accuracy of information related to generators, transporters and facilities authorized to treat, dispose of, store, or recycle hazardous waste. DTSC captures this data through the Verification Questionnaire and uses the collected information to ensure that the Hazardous Waste Information Network database is current and accurate. The EPA ID Number Verification Fee, which has been established by State legislation, funds this effort.*

**Line 1:** Enter the full name of your organization. Do not abbreviate.

**Line 2:** Enter the total number of individuals employed in California by your organization. An employee must have worked more than 500 hours during the calendar year 2001 to be included in your calculation. ("Organization" is defined as a registered corporation, sole proprietor, partnership, or company. For public agencies, "organization" is defined as a city, county, commission, agency, department or district.)

**Line 3:** Based on the number of employees entered on Line 2, determine your EPA ID Number Verification Fee rate by using the table shown and then enter that rate on Line 3.

**Line 4:** Enter the total number of permanent EPA ID numbers assigned to your organization. Do not include "CAC" numbers in your total, as they are temporary and not subject to the EPA ID Number Verification Fee. If you indicated on the Verification Questionnaire that you wish to deactivate a permanent EPA ID number, you must still include that number in this total. The fee is required because that EPA ID number was active during the billing period (July 1, 2001 through June 30, 2002).

**Line 5:** Enter the EPA ID Number Verification Fee. This fee is determined by multiplying the fee rate (reported on Line 3) by the total of permanent EPA ID numbers assigned to your organization (reported on Line 4).

**Line 6:** Enter either the amount shown on Line 5, OR \$5000 (whichever amount is less). The maximum EPA ID Number Verification Fee is \$5000 per organization.

### **SECTION B (Manifest Fees for January 1, 2001 through December 31, 2001)**

**Line 1:** Enter the total manifest fees due. This amount is shown on Line e on the Schedule A – Manifest Fee Calculation Sheet. If your organization has more than one EPA ID number, enter the total of the dollar amounts from all your Schedule A – Manifest Fee Calculation Sheets.

### **SECTION C (Grand total of all EPA ID Number Verification Fees and Manifest Fees owed)**

**Line 1:** Add Line A6 and B1. The sum of these two amounts is the total fee due from your organization. Please make your check payable to "DTSC" or use the credit card payment form. Please write one of your EPA ID numbers on your check.

---

**IMPORTANT:** YOU MUST RETURN THE ORIGINAL OF THE FOLLOWING DOCUMENTS WITHIN 30 DAYS:

- ✓ Verification Questionnaire (one form for each EPA ID number)
- ✓ Schedule A – Manifest Fee Calculation Sheet (one form for each EPA ID number)
- ✓ Schedule B – Fee Summary Sheet (only ONE of these forms is needed for your entire organization)

2000



Winston H. Hickox  
Agency Secretary  
California Environmental  
Protection Agency

## Department of Toxic Substances Control

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Edwin F. Lowry, Director  
400 P Street, 4th Floor, P.O. Box 806  
Sacramento, California 95812-0806



Gray Davis  
Governor

**TO:** Hazardous Waste Handlers

**FROM:** James G. Bohon, Chief  
Generator Information Services Section

**DATE:** April 6, 2000

**SUBJECT:** INSTRUCTIONS FOR SENDING MANIFEST CORRECTION LETTERS

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The Department of Toxic Substances Control (DTSC) is preparing to exercise its authority to return incorrect, incomplete or improperly completed Uniform Hazardous Waste Manifests for correction and charge the statutorily provided fee of twenty dollars per manifest needing correction (California Health and Safety Code, Section 25160.5). This effort is expected to commence on July 1, 2000. In the meanwhile, incorrect, incomplete or improperly completed manifests must still be corrected to ensure that DTSC has accurate records of your organization's hazardous waste activity. Incorrect records can cause environmental fees to be improperly assessed, liability to be applied incorrectly, or unnecessary forms to be sent to your organization.

DTSC's primary method of receiving corrected manifest information is through Manifest Correction Letters (MCLs). Many hazardous waste handlers already have a policy of voluntarily submitting an MCL when they discover errors. While DTSC appreciates these conscientious efforts, the letters received are not in any uniform format and make processing difficult. In order to streamline all levels of effort, DTSC requests that future MCLs follow the format outlined on the reverse page.

DTSC thanks you in advance for your efforts in helping maintain accurate hazardous waste data. Should you have any questions or need further assistance, please feel free to contact the Generator Information Services Section's Telephone Information Center at (800) 618-6942 or, for callers outside of California, (916) 324-1781.

## 2000 VERIFICATION QUESTIONNAIRE

(See back of this form for instructions.)

The Department of Toxic Substances Control (DTSC) requires that the enclosed forms be completed and returned with appropriate fees not later than 30 days from the date of receipt. Instructions for all forms are included.

ELECTRONIC CHROME & GRINDING CO  
INC  
9132 DICE RD  
SANTA FE SPRINGS CA 90670-2545

If your mailing address has changed, please  
PRINT or TYPE the correct address below:

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### DO NOT ALTER INFORMATION IN THIS AREA

1. EPA ID Number: CAD008391427  
2. Location address: 9132 DICE RD  
SANTA FE SPRINGS CA 90670-0000

#### 3. COMPANY OWNER INFO:

NOTE: California EPA ID numbers issued by DTSC may not be transferred to another owner. If the ownership of your organization has changed, please call GISS for assistance. Do NOT fill in new owner information below.

PHILIP REED PRESIDENT  
9132 DICE RD  
SANTA FE SPRINGS CA 90670-2545  
(310) 946-6671

Company owner name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of ownership change: \_\_\_\_\_

4. ☐ My new EPA ID number is \_\_\_\_\_

#### 5. COMPANY NAME:

If printed company name is incorrect, please provide correct name:

ELECTRONIC CHROME & GRINDING  
CO INC

Company name: \_\_\_\_\_

#### 6. CONTACT INFO:

If printed contact is incorrect or blank, please provide correct information:

MIKE REED  
9132 DICE RD  
SANTA FE SPRINGS CA 90670-2545  
(310) 946-6671

Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

7. Standard Industrial Classification (SIC) Code (4 digits) 3 4 7 1

8. ☐ Check here if you wish to CANCEL the EPA ID number listed on Line 1. (See reverse side.)

9. If the Verification Questionnaire (VQ) were available via the Internet, would you use it? ☐ Yes ☒ No



## Hazardous Waste Handlers:

This is your fee assessment for the Environmental Protection Agency Identification (EPA ID) Number Verification Fee and Manifest Fee as required by Health and Safety Code, Sections 25205.16 and 25205.15. The EPA ID Number Verification Fee is for all valid EPA ID numbers held by your organization during the fiscal year 1999/2000 (from July 1, 1999 through June 30, 2000). The Manifest Fee assessment is for all manifests used by your organization from January 1, 1999 through December 31, 1999.

Instructions are included to assist you in completing these forms and calculating the required fees, if applicable. Frequently asked questions and answers are available under "What's Hot" at our website [www.dtsc.ca.gov](http://www.dtsc.ca.gov). If you have any questions, please contact DTSC's Generator Information Services Section (GISS) at 1-877-454-4012 if you are dialing within California, or 1-916-324-2996 if you are outside California. The GISS operating hours are 8:30 a.m. to 12:00 noon and 1:00 p.m. to 4:30 p.m. (Pacific Standard Time), Monday through Friday. GISS is closed from 12:00 noon to 1:00 p.m. daily. (Note: The phone lines will be very busy. Please be prepared to be placed on hold. If you receive a busy signal, please try again later.)

Completed forms and payment, if any, are due 30 days from the receipt of this assessment notice. Checks are to be made payable to the Department of Toxic Substances Control or "DTSC". Send completed forms and payment in the enclosed return envelope or to the following address:

Accounting Unit, EPA ID  
Department of Toxic Substances Control  
P.O. Box 806  
Sacramento, CA 95812-0806

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## INSTRUCTIONS FOR COMPLETING THE VERIFICATION QUESTIONNAIRE

### Printed organization name and mailing address:

Provide any corrections to the organization's printed mailing address.

### Lines 1 and 2 (shaded box):

Check your records to verify that the printed EPA ID number and location address are both correct. **IMPORTANT: Do not change, strike out, or write over this information.** If either line is incorrect, please call GISS for assistance. (NOTE: EPA ID numbers are site specific to the location to which they are originally issued. EPA ID numbers cannot be moved to another location. If the location address printed on Line 2 is no longer correct, please call GISS for assistance.)

### Lines 3 and 4:

Provide any corrections and/or additions to the information pre-printed on this form. However, if there has been a change in ownership, call GISS. When there is a change in ownership, you must get a new EPA ID number. GISS staff will instruct you about Line 4 when you call. Please do not provide new owner information. Your questionnaire will be returned to you.

### Lines 5 and 6:

Please indicate any changes to your company's name and contact person in the spaces provided. Make certain this information is complete. (NOTE: California EPA ID numbers issued by DTSC may not be transferred to another owner. If the ownership of your organization has changed, please call GISS for assistance.)

### Line 7:

Provide the primary Standard Industrial Classification (SIC) Code for your business. The SIC Code is a four digit number that best describes your company's primary business activity. If your company's SIC Code is unknown, you can obtain the number on the Internet at: [www.osha.gov/oshstats/sicser.html](http://www.osha.gov/oshstats/sicser.html).

### Line 8:

Check this box ONLY if you wish to cancel the EPA ID number shown on Line 1.

If your organization has more than one EPA ID number, you should receive a Verification Questionnaire and a Schedule A – Manifest Calculation Sheet for each of your permanent EPA ID numbers. You must complete both a Verification Questionnaire and a Schedule A – Manifest Calculation Sheet for each EPA ID number assigned to your organization. (NOTE: The total dollar amount owed by your organization includes the manifest fees for all of your organization's EPA ID numbers. The total manifest fee dollar amount must be entered in Section B of the Schedule B – Fees Summary Sheet.)

## SCHEDULE A – MANIFEST FEE CALCULATION SHEET (1999 Manifests)

(See back of this form for sample manifest form.)

EPA ID Number: CAD008391427

Name of organization: ELECTRONIC CHROME & GRINDING CO  
INC

From January 1, 1999 through December 31, 1999,  
the Department of Toxic Substances Control recorded  
the number of California Manifests shown at the right  
using the EPA ID printed above.

Non-recycled: 4

Recycled: 2

(NOTE: There is no fee for solely recycled manifests.)

### Manifest Fee Calculation:

- |    |                                                                                   |          |                            |
|----|-----------------------------------------------------------------------------------|----------|----------------------------|
| a. | Enter the total number of non-recycled manifests from above.....                  | <u>4</u> |                            |
| b. | Enter the total number of any non-recycled air compliance solvents manifests..... |          | X \$3.50 = \$              |
| c. | Subtract the number of manifests on Line b from Line a.....                       | <u>4</u> | X \$7.50 = \$ <u>30.00</u> |
| d. | No fee due for recycled manifests.....                                            |          | \$ <u>0.00</u>             |
| e. | Total of b + c.....                                                               |          | = \$ <u>30.00</u>          |

## INSTRUCTIONS FOR COMPLETING SCHEDULE A

- For lines a-e above, enter the numbers requested for each line.
  - For line b multiply the number of manifests by \$3.50 and record the dollar amount.
  - For line c multiply the number of manifests by \$7.50 and record the dollar amount.
  - For line e, add dollar amounts of lines b and c. This total is the manifest fees due for the EPA ID number shown at the top of the page.
- For this assessment there are three types of manifests: non-recycled, recycled and air compliance solvents manifests. Manifests used *solely* for recycled waste will have a handling code reported as "01" or "R01" in item-K on the manifest form (see circled area on manifest sample on the back of this form). All wastes listed on a manifest must have handling codes of "01" or "R01" to be counted as a solely recycled manifest. You need to pay manifest fees only for non-recycled manifests. There is no fee for recycled manifests.
- If you believe the manifest totals shown in the box above are incorrect, you may use the manifest totals from your own files to calculate the fee. However, please be aware that any difference between the amount you report and the amount printed above is subject to audit by DTSC.
- On January 1, 1999 many businesses were required to switch from petroleum-based solvents to air compliance solvents (also called water-based cleaners). The fee for manifests used solely for hazardous waste derived from air compliance solvents was reduced from \$7.50 to \$3.50. Most air compliance solvent waste is now recyclable. Manifests used to ship air compliance solvents that were recycled should not be charged \$3.50. The Manifest Fee Calculation above includes air compliance solvent manifests as part of the non-recycled manifest count. Businesses that do not recycle their air compliance solvent waste who desire to use the reduced \$3.50 fee must use their internal records to identify manifests used solely for air compliance solvent wastes.

**DO NOT WRITE BELOW THIS LINE.**



## SCHEDULE B – FEES SUMMARY SHEET

(See back of this form for complete instructions.)

All completed forms and appropriate fees must be submitted not later than 30 days from the date of receipt.

### A. EPA ID NUMBER VERIFICATION FEE (July 1, 1999 through June 30, 2000)

1. Name of your organization: \_\_\_\_\_
2. Enter the total number of California employees in your entire organization: 13  
(Please read instructions for Line 2 on the back of this form.)

Number of Employees	1 – 49	50 – 74	75 – 99	100 – 249	250 – 499	500 or more
EPA ID Fee Rate	NO FEE	\$150	\$175	\$200	\$225	\$250

(Total EPA ID Number Verification Fees not to exceed \$5000)

3. Enter the EPA ID Number Verification Fee rate from the table above: \$ 16
4. Enter the total number of permanent EPA ID numbers held by your organization: 1  
(NOTE: Attach a VQ form and Schedule A for each permanent EPA ID number you are reporting. Numbers that begin with "CAC" should not be included in your total on Line 4. See instructions.)
5. Multiply Line 3 by Line 4: =\$ 0
6. TOTAL EPA ID Number Verification Fee due (Enter the dollar amount from Line 5 above OR \$5000, whichever amount is less.): \$ 0

### B. MANIFEST FEE (January 1, 1999 through December 31, 1999)

1. Enter the dollar amount from Line e on your Schedule A – Manifest Fee Calculation Sheet.  
(If you are reporting more than one EPA ID number, enter the TOTAL of the dollar amounts from Line e on all your Schedule A – Manifest Fee Calculation Sheets.) \$ 30.00

### C. GRAND TOTAL OF EPA ID NUMBER VERIFICATION FEES AND MANIFEST FEES:

1. Add Line A6 and Line B1, then enter the total dollar amount.  
It is not uncommon to not owe fees. You are still required to complete and submit all forms.  
If fee is due, please make your check payable to "DTSC" for the total amount on this line: =\$ 30.00

To pay your fees via a credit card, please complete the enclosed "EPA ID and Manifest Fee Credit Card Payment Form".

Yes ☐ No ☒ If DTSC offered an option of paying manifest and verification fees via the Internet, would you use it?

I hereby certify under penalty of perjury that the information on the Verification Questionnaire(s), Schedule A(s) and Schedule B is true and correct.

Signature of Preparer: Joyce A. Gilman  
Name (please print): Joyce Gilman

Title: BOOKKEEPER  
Date: 6/15/00 Phone: 562-944-6671

#### THIS SECTION FOR DEPARTMENT USE ONLY

Check No:	\$AMOUNT	DATE:	CID NO:
12560055:	12560092:	12560085:	
12560035:	12560091:	AMOUNT DUE:	
12560075:	12560096:	PRIMARY ID #:	

## INSTRUCTIONS FOR COMPLETING SCHEDULE B – FEES SUMMARY SHEET

### **SECTION A (EPA ID Number Verification Fee for 1999/2000)**

**NOTE:** Health and Safety Code, Section 25205.16 requires DTSC to verify the accuracy of information related to generators, transporters and facilities authorized to treat, dispose of, store, or recycle hazardous waste. DTSC captures this data through the Verification Questionnaire and uses the collected information to ensure that the Hazardous Waste Information Network database is current and accurate. The EPA ID Number Verification Fee, which has been established by State legislation, funds this effort.

**Line 1:** Enter the full name of your organization. Do not abbreviate.

**Line 2:** Enter the total number of individuals employed in California by your organization. An employee must have worked more than 500 hours during the calendar year 1999 to be included in your calculation. ("Organization" is defined as a registered corporation, sole proprietor, partnership, or company. For public agencies, "organization" is defined as an agency, department or district.)

**Line 3:** Based on the number of employees entered on Line 2, determine your EPA ID Number Verification Fee rate by using the table shown and then enter that rate on Line 3.

**Line 4:** Enter the total number of permanent EPA ID numbers assigned to your organization. Do not include "CAC" numbers in your total, as they are temporary and not subject to the EPA ID Number Verification Fee. If you indicated on the Verification Questionnaire that you wish to deactivate a permanent EPA ID number, you must still include that number in this total. The fee is required because that EPA ID number was active during the billing period (July 1, 1999 through June 30, 2000).

**Line 5:** Enter the EPA ID Number Verification Fee. This fee is determined by multiplying the fee rate (reported on Line 3) by the total of permanent EPA ID numbers assigned to your organization (reported on Line 4).

**Line 6:** Enter either the amount shown on Line 5, OR \$5000 (whichever amount is less). The maximum EPA ID Number Verification Fee is \$5000 per organization.

### **SECTION B (Manifest Fees for January 1, 1999 through December 31, 1999)**

**Line 1:** Enter the total manifest fees due. This amount is shown on Line e on the Schedule A – Manifest Fee Calculation Sheet. If your organization has more than one EPA ID number, enter the total of the dollar amounts from all your Schedule A – Manifest Fee Calculation Sheets.

### **SECTION C (Grand total of all EPA ID Number Verification Fees and Manifest Fees owed)**

**Line 1:** Add Line A6 and B1. The sum of these two amounts is the total fee due from your organization. Please make your check payable to "DTSC".

---

**IMPORTANT:** YOU MUST RETURN THE ORIGINAL OF THE FOLLOWING DOCUMENTS WITHIN 30 DAYS:

- ✓ **Verification Questionnaire** (one form for each EPA ID number)
- ✓ **Schedule A – Manifest Fee Calculation Sheet** (one form for each EPA ID number)
- ✓ **Schedule B – Fee Summary Sheet** (only ONE of these forms is needed for your entire organization)

## EPA ID AND MANIFEST FEE CREDIT CARD PAYMENT FORM

- 1) Company Name: \_\_\_\_\_
- 2) Name on Credit Card: \_\_\_\_\_
- 3) Type of Card: ☐ AMERICAN EXPRESS ☐ DISCOVER ☐ MASTERCARD ☐ VISA
- 4) Credit Card Number:    / / / / /    / / / / /    / / / / /    / / / / /
- 5) Expiration Date:    / /    / /    / /  
                            Mo.    Yr.
- 6) Total Amount of Fee Being Paid:    \$ \_\_\_\_\_  
(Should match the amount reported as grand total on the Fees Summary Sheet Schedule B)
- 7) Signature: \_\_\_\_\_  
(The authorized credit card holder's original signature must be present in order for your payment request to be processed.)
- 8) Telephone Number:    (    )    \_\_\_\_\_

### YOU MUST RETURN THE FOLLOWING DOCUMENTS WITH THIS FORM:

- ✓ Verification Questionnaire (one for each EPA ID number reported on the Fees Summary Sheet)
- ✓ Manifest Fee Calculation Sheet Schedule A (one for each EPA ID number reported on the Fees Summary Sheet)
- ✓ Fees Summary Sheet Schedule B (only one is needed for your entire organization)

Send completed forms and payment to the following address:

Accounting Unit, EPA ID  
Department of Toxic Substances Control  
P.O. Box 876  
Sacramento, CA 95812-0876

If you want to ensure the confidentiality of your credit card information, please send all completed forms to this address. Do not use the envelope provided.

**IMPORTANT:** By completing and signing this form, you are authorizing DTSC to request funds from the credit card company you have indicated. If the request is denied by your credit card company, DTSC will contact you and require payment by another acceptable means.

**PRIVACY STATEMENT:** The information on this form is requested by the Department of Toxic Substances Control, Accounting Unit. All information is voluntary. The purpose of this information is to verify the authenticity of the credit card you wish to use to pay your EPA ID Number and Manifest Fees. Failure to provide answers to any of the questions may cause your credit card payment request to be denied. For more information or access to this record, please contact the DTSC Accounting Administrator at (916) 324-6432 or you may write to the address shown above.

### THIS SECTION FOR DEPARTMENT USE ONLY

PRIMARY ID NO: \_\_\_\_\_ CID NO: \_\_\_\_\_

APPROVED ☐  
NOT APPROVED ☐

1999

## 1999 VERIFICATION QUESTIONNAIRE

(See back of this form for instructions.)

The Department of Toxic Substances Control (DTSC) requires that the enclosed forms be completed and returned with appropriate fees not later than 30 days from the date of receipt. Instructions for all forms are included.

ELECTRONIC CHROME CO INC  
9132 DICE RD  
SANTA FE SPRINGS CA 90670-2545

If your mailing address has changed, please  
PRINT or TYPE the correct address below:

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

DO NOT WRITE IN THIS AREA

1. EPA ID Number: CAD008391427

2. Location address: 9132 DICE RD  
SANTA FE SPRINGS CA 90670-0000

### 3. COMPANY NAME:

ELECTRONIC CHROME CO INC

If printed company name is incorrect, please provide correct name:

Company name: ELECTRONIC CHROME & GRINDING CO., INC

### 4. CONTACT INFORMATION:

MIKE REED  
9132 DICE RD  
SANTA FE SPRINGS CA 90670-2545  
(310)946-6671

If printed contact is incorrect, please provide correct information:

Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

### 5. COMPANY OWNER INFORMATION:

PHILIP REED PRESIDENT  
9132 DICE RD  
SANTA FE SPRINGS CA 90670-2545  
(310)946-6671

If printed company owner is incorrect, please provide correct information:

Owner's name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of ownership change: \_\_\_\_\_

6. ( ) Check here ONLY if you wish to CANCEL the EPA ID number listed on Line 1. (See reverse side.)

I hereby certify under penalty of perjury that the information above and on the fee forms is true and correct.

Signature: Joyce Gillam

Date: 5/28/99

Name (please print): JOYCE GILLAM

Title: BOOKKEEPER



## SCHEDULE A - MANIFEST FEE CALCULATION SHEET

(See back of this form for sample manifest form.)

EPA ID Number: CAD008391427 Name of organization: ELECTRONIC CHROME CO INC

From July 1, 1998 through December 31, 1998,  
the Department of Toxic Substances Control recorded  
the number of California Manifests shown at the  
right using the EPA ID printed above on this form.

Non-recycled: 5.00

Recycled: 1

(NOTE: There is no fee for recycled manifests.)

### Manifest Fee Calculation:

- 1) Enter the number of Non-recycled manifests listed above  
(or the number of Non-recycled manifests shown in your records): 5.00
- 2) Manifest fee rate: \$7.50
- 3) Manifest fee due (multiply Line 1 by Line 2): \$ 37.50

## INSTRUCTIONS

(Please read carefully before completing the form above.)

- a) The EPA ID number printed at the top of this form was assigned to your organization. During the six month period of July 1, 1998 through December 31, 1998, DTSC recorded the number of Non-recycled and Recycled manifests shown printed in the box above. These numbers indicate only the manifests DTSC recorded using the EPA ID number printed at the top of this form.
- b) If you believe the number of Non-recycled manifests shown in the box above is incorrect, you may use the Non-recycled manifest count from your own files to calculate the fee. However, please be aware that any difference between the amount you report and the amount printed above is subject to audit by DTSC.
- c) Note that for this billing there are two types of manifests: Non-recycled and Recycled. You need to pay manifest fees only for Non-recycled manifests. Manifests used *solely* for Recycled waste will have a handling code reported as "01" or "R01" in item K on the Manifest form (see circled area on Manifest sample on back of this form). There is no fee for Recycled manifests.
- d) If your organization has more than one EPA ID number, you should receive a Verification Questionnaire and a Schedule A - Manifest Calculation Sheet for each of your EPA ID numbers. You must complete both a Verification Questionnaire and a Schedule A - Manifest Calculation Sheet for each EPA ID number assigned to your organization. (NOTE: The total dollar amount owed by your organization includes the manifest fees for all of your organization's EPA ID numbers. The total manifest fee dollar amount must be entered in Section B of the Schedule B - Fees Summary Sheet on the next page.)

## SCHEDULE B - FEES SUMMARY SHEET

(See back of this form for complete instructions.)

### A. EPA ID NUMBER VERIFICATION FEE

1. Name of your organization: ELECTRONIC CHROME & GRINDING CO., INC.
2. Enter the total number of California employees in your entire organization: \_\_\_\_\_  
(Please read instructions for Line 2 on the back of this form.)

Number of Employees	1 - 49	50 - 74	75 - 99	100 - 249	250 - 499	500 or more
EPA ID Fee Rate	No fee	\$150	\$175	\$200	\$225	\$250

(Total EPA ID Verification Fees not to exceed \$5000)

3. Enter the EPA ID Number Verification Fee rate from the table above: \$ 0
4. Enter the total number of EPA ID numbers held by your organization: 1  
(NOTE: Attach a VQ form and Schedule A for each EPA ID number you are reporting.)
5. Multiply Line 3 by Line 4: \$ 0
6. TOTAL EPA ID number fee due (enter the dollar amount from Line 5 above  
OR \$5000, whichever amount is less.) \$ 0

### B. MANIFEST FEE (from July 1, 1998 through December 31, 1998)

1. Enter the dollar amount from Line 3 on your Schedule A - Manifest Fee Calculation Sheet.  
(If you are reporting more than one EPA ID number, enter the TOTAL of the dollar amounts from Line 3 on all your Schedule A - Manifest Fee Calculation Sheets.) \$ 37.50

### C. GRAND TOTAL OF EPA ID NUMBER VERIFICATION FEES AND MANIFEST FEES:

1. Add Line A6 and Line B1, then enter the total dollar amount.  
If fee is due, please make your check payable to "DTSC" for the total amount on this line: \$ 37.50

THIS SECTION FOR DEPARTMENT'S USE ONLY			
Check No:	\$ AMOUNT:	DATE:	CID NO:
12560055:	12560092:	12560065:	
2560035:	12560091:	AMOUNT DUE:	
2560045:	12560093:	PRIMARY ID #:	



## Department of Toxic Substances Control



Winston H. Hickox  
Secretary for  
Environmental  
Protection

Edwin F. Lowry, Director  
400 P Street, 4th Floor, P.O. Box 806  
Sacramento, California 95812-0806

Gray Davis  
Governor

May 4, 1999

### Year 2000 Advisory

Dear Facility Manager/Site Manager/Hazardous Waste Generator:

A major part of the Department of Toxic Substances Control's (DTSC) mission is to ensure the safe management (treatment, storage, transportation, and disposal) of hazardous waste within the State of California. This letter is to advise you of a potentially serious threat to your ability to safely manage hazardous waste. On January 1, 2000, many mainframe computers, microcomputers, programmable logic controllers, and embedded chip systems may fail to operate. The problem revolves around how dates are used in computer programs and hardware. Many computers chips and programs do not track the century portion of the date, therefore, mission critical systems or control devices that calculate age, expiration dates, dispenser levels, and the like may not function properly or may cease to function. This problem is commonly referred to as the "Year 2000 computer problem" or "Y2K" for short.

The purpose of this document is to heighten your awareness of the Y2K problem, to bring to your immediate attention the embedded chip scenario, and to clarify and reinforce the fact that an unauthorized release of any regulated substance resulting from a Y2K induced or related failure will be treated as any other unauthorized release. That is to say, it is important to note that a failure of an electronic device due to a non-Year 2000 compliant microchip will not be an excuse for any violation of any permit or authorization requirement or other provision of the hazardous waste regulations and statutes. It is also important to note that the Department has always taken circumstantial information and compliance history into account when reviewing compliance problems, and that policy will not change as a result of a Y2K related incident.

The embedded chip scenario merits careful attention. As with mainframe computers, microcomputers, and programmable logic controllers, date sensitive embedded chips may respond incorrectly or fail to respond to a two-digit year field containing double zero (00) and may subsequently cause systems to fail. Such failures may result in process shutdowns, accidents, and/or unauthorized release(s) of hazardous waste.

Rather than try to explain the history and potential impacts of these devices in detail, I would like to refer you to an article from the April 27, 1998, issue of *Fortune* magazine entitled "Industry Wakes Up to the Year 2000 Menace." It can be found at your local library or on the Internet at:

<http://www.pathfinder.com/fortune/1998/980427/imt.html>

or linked from this letter if you have accessed the letter on our homepage. The article does an excellent job of explaining the magnitude of the problem we are all facing. Although most experts agree that it will not be possible to identify and correct every device with non-compliant microchips, any that can be fixed will reduce the severity of the disruption. As noted in the referenced *Fortune* article, you should also be aware of predictions of potential litigation against companies who endanger health, safety, or create financial hardships by failing to correct their non-Year 2000 compliant systems or components.

California Environmental Protection Agency

1998/1997

ELECTRONIC CHROME & GRINDING CO. INC. 9132 DICE RD. SANTA FE SPRINGS, CA 90670

014979

INVOICE NO.	INV. DATE	INVOICE AMOUNT	DISC. TAKEN	NET AMOUNT PAID
97-1/2 98	11/11/98	120.00	.00	120.00

CHECK: 014979 12/31/98 DEPT OF TOXIC SUBSTANCES CONTR      CHK TOTAL:      120.00

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**FEES SUMMARY SHEET**

(TO COMPLETE THIS FORM PLEASE SEE PAGE 2 OF THE INSTRUCTIONS)

**1) IDENTIFICATION INFORMATION:**

- a) Name of organization: ELECTRONIC CHROME & GRINDING CO., INC.
- b) Enter the total number of EPA ID numbers held by your organization: 1  
(Return a 1997 and 1998 Manifest Fee Calculation Sheet for each EPA ID number reported on this line)
- c) Enter the total number of California employees in your entire organization: 19  
(An employee must have worked more than 500 hours during a calendar year to be included in this count)

**2) MANIFEST FEE (Calendar Year 1997):**

- a) Enter the dollar amount from Line 5 on your 1997 Manifest Fee Calculation Sheet. If your organization has more than one EPA ID number, enter the total of all dollar amounts from Line 5 on all your 1997 Manifest Fee Calculation Sheets. .... \$ 60.00

**3) MANIFEST FEE (First Half of 1998):**

- a) Enter the dollar amount from Line 5 on your 1998 Manifest Fee Calculation Sheet. If your organization has more than one EPA ID number, enter the total of all dollar amounts from Line 5 on all your 1998 Manifest Fee Calculation Sheets. .... \$ 60.00

**4) GRAND TOTAL OF MANIFEST FEES:**

- a) Add Line 2a and Line 3a and enter dollar amount here. .... \$ 120.00

If a fee is due, please make your check payable to "DTSC" for the amount reported on Line 4a.  
If you wish to pay your fee by credit card, please see cover letter for instructions.

**YOU MUST RETURN THE ORIGINAL OF THE FOLLOWING DOCUMENTS:**

- \* The cover letter pre-printed with your business name (one for each EPA ID number reported on Line 1b)
- \* Manifest Fee Calculation Sheets (one form for each year and each EPA ID number reported on Line 1b)
- \* Fees Summary Sheet (only one form is needed for your entire organization)

THIS SECTION FOR DEPARTMENT'S USE ONLY			
CHECK NO:	\$ AMOUNT:	DATE:	CID NO:
STATE ACCOUNTS	FEDERAL ACCOUNTS	UNCLEARED	
12560035: (97)	12560091: (97)	12560065: (97)	
12560045: (97)	12560093: (97)		
		AMOUNT DUE:	
		PRIMARY ID #:	

# **MANIFEST FEE CALCULATION SHEET (1997)** (TO COMPLETE THIS FORM PLEASE SEE PAGE 1 OF THE INSTRUCTIONS)

**1) Identification Information:**

- a) Enter your EPA ID number that is pre-printed on the cover letter. . . . . CAD008391427
- b) Enter total number of California manifests used in Calendar Year 1997  
for the EPA ID number pre-printed on the cover letter. . . . . 12

**DEDUCTIONS:**

Fees for manifests are divided into two categories: manifests used *solely* for recycled waste (only handling codes "01" or "R01") (\$6), and manifests used *solely or partially* for non-recycled waste (\$12). If your organization has fewer than 100 employees, you may deduct the first four (4) manifests used by your organization in 1997. This deduction may be taken in any combination of the two categories (e.g. 0 recycled + 4 non-recycled; 3 recycled + 1 non-recycled, etc.). Enter your deductions in Column II, Box 2b and/or Box 3b of the table below. If you do not qualify for this deduction, enter "0" in Column II, Box 2b and Box 3b. **NOTE: If you have more than one EPA ID number, you may only deduct up to four (4) manifests for your entire organization.**

COLUMN I	COLUMN II	COLUMN III
<p>2a) From the total manifests reported on Line 1b enter the number of manifests which were used solely for recycled waste:</p> <p align="center"><u>3</u></p>	<p>2b) Enter the number of manifests used solely for recycled waste you are deducting:</p> <p align="center"><u>3</u></p>	<p>2c) Subtract Box 2b from Box 2a. Use this new total to calculate your fees for manifests used solely for recycled waste.</p> <p align="center"><u>0</u></p>
<p>3a) From the total manifests reported on Line 1b enter the number of manifests which were used solely or partially for non-recycled waste:</p> <p align="center"><u>9</u></p> <p>(Box 2a + Box 3a should equal the amount in Line 1b)</p>	<p>3b) Enter the number of manifests which were used solely or partially for non-recycled waste you are deducting:</p> <p align="center"><u>4</u></p> <p>(Box 2b + Box 3b should equal no more than 4)</p>	<p>3c) Subtract Box 3b from Box 3a. Use this new total to calculate your fees for manifests used solely or partially for non-recycled waste.</p> <p align="center"><u>5</u></p>

**4) Manifest Fee Calculation:**

- a) Enter the figure given in Column III, Box 2c and multiply by \$6:
- 0 x \$ 6.00 = \$ 0
- b) Enter the dollar amount from Line 4a OR \$5,000, whichever amount is less. . . . . \$ 0
- c) Enter the figure given in Column III, Box 3c and multiply by \$12:
- 5 x \$12.00 = \$ 60.00

**5) Enter Total Manifest Fee Due For 1997: (Add 4b and 4c) . . . . . \$ 60.00**

**MANIFEST FEE CALCULATION SHEET (1998)**  
(TO COMPLETE THIS FORM PLEASE SEE PAGE 1 OF THE INSTRUCTIONS)

**1) Identification Information:**

a) Enter your EPA ID number that is pre-printed on the cover letter: CAD008391427

b) Enter total number of California manifests used from January 1, 1998  
to June 30, 1998 for the EPA ID number pre-printed on the cover letter: 9

**DEDUCTIONS:**

Fees for manifests are divided into two categories: manifests used *solely* for recycled waste (only handling codes "01" or "R01") (\$6), and manifests used *solely or partially* for non-recycled waste (\$12). If your organization has fewer than 100 employees, you may deduct the first four (4) manifests used by your organization in 1998. This deduction may be taken in any combination of the two categories (e.g.: 0 recycled + 4 non-recycled; 3 recycled + 1 non-recycled, etc.). Enter your deductions in Column II, Box 2b and/or Box 3b of the table below. If you do not qualify for this deduction, enter "0" in Column II, Box 2b and Box 3b. **NOTE: If you have more than one EPA ID number, you may only deducted up to four (4) manifests for your entire organization.**

COLUMN I	COLUMN II	COLUMN III
<p>2a) From the total manifests reported on Line 1b enter the number of manifests which were used solely for recycled waste:</p> <p align="center"><u>0</u></p>	<p>2b) Enter the number of manifests used solely for recycled waste you are deducting:</p> <p align="center"><u>0</u></p>	<p>2c) Subtract Box 2b from Box 2a. Use this new total to calculate your fees for manifests used solely for recycled waste.</p> <p align="center"><u>0</u></p>
<p>3a) From the total manifests reported on Line 1b enter the number of manifests which were used solely or partially for non-recycled waste:</p> <p align="center"><u>9</u></p> <p>(Box 2a + Box 3a should equal the amount in Line 1b)</p>	<p>3b) Enter the number of manifests which were used solely or partially for non-recycled waste you are deducting:</p> <p align="center"><u>4</u></p> <p>(Box 2b + Box 3b should equal no more than 4)</p>	<p>3c) Subtract Box 3b from Box 3a. Use this new total to calculate your fees for manifests used solely or partially for non-recycled waste.</p> <p align="center"><u>5</u></p>

**4) Manifest Fee Calculation:**

a) Enter the figure given in Column III, Box 2c and multiply by \$6:

0 x \$ 6.00 = \$ 0.00

b) Enter the dollar amount from Line 4a OR \$5,000, whichever amount is less: \$ 0.00

c) Enter the figure given in Column III, Box 3c and multiply by \$12:

5 x \$12.00 = \$ 60.00

**5) Enter Total Manifest Fee Due For The First Half Of 1998:**

(Add 4b and 4c) \$ 60.00





# Department of Toxic Substances Control



Jesse R. Huff, Director  
400 P Street, 4th Floor, P.O. Box 806  
Sacramento, California 95812-0806

Pete Wilson  
Governor

November 1998

Peter M. Rooney  
Secretary for  
Environmental  
Protection

ELECTRONIC CHROME CO INC  
9132 DICE RD  
SANTA FE SPRINGS CA 90670-2545

EPA ID Number: CAD008391427  
Manifests used in 1997: 13  
Manifests used in first half of 1998: 9

## SUBJECT: OLD MANIFEST FEE PROCESS - CLOSING ASSESSMENT

This Manifest Fee assessment is for California Uniform Hazardous Waste Manifests (Manifests) used by your organization as a generator with shipment dates from January 1, 1997 through June 30, 1998. New law has changed the process used to assess this fee (see explanation on the reverse side). The Department of Toxic Substances Control (DTSC) is collecting the Manifest Fee at this time to complete and retire the old process. The new Manifest Fee process will start with DTSC's annual Environmental Protection Agency Identification (EPA ID) number verification in the spring of 1999. Manifests with a shipment date after June 30, 1998 will appear on that assessment.

Enclosed are the forms for this assessment, along with instructions to assist you in completing the forms and calculating your Manifest Fee. The number of manifests our records indicate were used with your EPA ID number for 1997 and the first half of 1998, are shown above to the right of your company name. The manifest counts provided should be used as a guideline only. If your records show different counts, please use your counts in completing the forms.

A separate "Manifest Fee Calculation Sheet" must be completed for each year being assessed, even if you do not owe a fee for the billing period. To help your organization manage this assessment, DTSC has extended the due date. Your completed forms and payment are due no later than January 31, 1999. Checks are to be made payable to the Department of Toxic Substances Control or "DTSC." Return your completed forms and payment in the envelope provided or mail to: Accounting Unit, Department of Toxic Substances Control, P.O. Box 806, Sacramento, California 95812-0806.

If you have any questions, please contact DTSC's Generator Information Services Section (GISS) for assistance. You may reach GISS operators by calling 1-800-618-6942 if you are dialing within California, or 1-916-324-1781 if you are dialing from outside California. GISS operating hours are 8:30 a.m. to 12:00 noon and 1:00 p.m. to 4:30 p.m. (Pacific Standard Time), Monday through Friday. GISS is closed during the lunch hour from 12:00 noon to 1:00 p.m.

**CREDIT CARD PAYMENT:** *If you wish to pay your fees via a credit card, please call the number listed above for further instructions.*

## **FUTURE MANIFEST FEE RATE REDUCTIONS AND BILLING PROCESS CHANGES**

**NOVEMBER 1998**

Senate Bill 660 (Chapter 870, Statutes 1997) requires the Department of Toxic Substances Control (DTSC) to make changes in Manifest Fee rates and billing schedules for manifests used on or after July 1, 1998. **THESE CHANGES DO NOT APPLY TO MANIFESTS USED PRIOR TO JULY 1, 1998; HOWEVER, THEY WILL BE REFLECTED IN FUTURE MANIFEST FEE ASSESSMENTS.**

These changes will include:

1. Elimination of the current \$6.00 manifest fee for manifests used solely for recycled waste.
2. A reduction in the fee from \$12.00 to \$7.50 for all other manifests.
3. A further reduction in the fee to \$3.50 for Air Compliance Solvent waste manifests effective January 1, 1999.
4. Elimination of the current fee exemption for the first four manifests used in a calendar year by a business with fewer than 100 employees.
5. Billings will occur on an annual or semi-annual basis for manifests used on or after July 1, 1998.

**NOTE:** None of the above changes apply to manifests used prior to July 1, 1998.

The change to an annual or semi-annual billing process (for manifests used on or after July 1, 1998), will result in more timely billings of manifest fees. The old process (for manifests used prior to July 1, 1998) resulted in delays of up to 2½ years between the date a manifest was used (shipment date) and the date a Manifest Fee assessment was received. Elimination of this delay should reduce confusion by enabling fee payers to complete returns based on more current information. This will also enable fee payers to match manifest fee costs with relatively the same period the manifest was actually used.

1996



**ELECTRONIC CHROME  
& GRINDING CO. INC.**

9132 DICE RD. SANTA FE SPRINGS, CA 90670  
(562) 946-6671

Santa Fe Bank  
Santa Fe Springs Office  
Santa Fe Springs, CA 90670  
18-351-1220

014036

CAD008391427

DATE

AMOUNT

PAY

04/23/98

\*\*\*\*\*84.00\*

\*EIGHTY FOUR DOLLARS AND NO CENTS

TO THE

ORDER

OF

DEPT OF TOXIC SUBSTANCES CONTR  
ACCOUNTING UNIT  
P.O. BOX 806  
SACRAMENTO CA 95812-0806

"014036" "122003516" 2044 "29453"

97-204  
000000084004

SANTA FE BANK CALIFORNIA

11-40-70  
05/15/98

1210003584 S  
1455 MARKET ST., CA 34  
05/14/98 0122200008 CAD008391427

CALIFORNIA

0148

78096

3533-204  
121000358

Absence of Prior Endorsement Guaranteed

FOR DEPOSIT ONLY  
148 BANK OF AMERICA 148  
DEPT. OF TOXIC SUBSTANCES CONTROL  
State of California  
Sacramento, CA

## 1998 VERIFICATION QUESTIONNAIRE

The Department of Toxic Substances Control requires the enclosed forms ("Verification Questionnaire", "Schedule A - Manifest Calculation Sheet", and "Schedule B - Fees Summary Sheet") be completed and returned not later than 30 days from the date of receipt. To complete these forms please see the instructions beginning on Page 1.

If your Mailing Address has changed, please  
PRINT or TYPE New Mailing Address below:

ELECTRONIC CHROME CO INC  
9132 DICE RD  
SANTA FE SPRINGS CA 90670-2545

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

### DO NOT WRITE IN THIS AREA

1. EPA ID Number: CAD008391427
2. Location Address: 9132 DICE RD  
SANTA FE SPRINGS CA 90670-0000
3. The Department has determined that during Calendar Year 1996 the number of California Manifests submitted under the EPA ID Number listed on Line 1 totaled: 13

4. Company Name  
ELECTRONIC CHROME CO INC

If information is different, provide complete information below:

Co. Name: \_\_\_\_\_

5. Contact Information

If information is different, provide complete information below:

MIKE REED  
9132 DICE RD  
SANTA FE SPRINGS CA 90670-2545  
(310)946-6671

Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

6. Owner Information

If information is different, provide complete information below:

PHILIP REED PRESIDENT  
9132 DICE RD  
SANTA FE SPRINGS CA 90670-2545  
(310)946-6671

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

If ownership has changed please also provide date of change: \_\_\_\_\_

7. ☐ Check this box ONLY if you wish to deactivate the EPA ID Number given on Line 1.

I hereby certify under penalty of perjury the above information is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Title \_\_\_\_\_

# INSTRUCTIONS

Below are line-by-line instructions for completing the enclosed Verification Questionnaire, Manifest Fee Calculation Sheet, and Fees Summary Sheet. **Please read the instructions thoroughly prior to completing the forms.** The Verification Questionnaire displays information currently contained in DTSC files about your firm. Please use the space provided to update any of the pre-printed information. **IMPORTANT:** you may not change, strike out, or write over the EPA ID number and/or location address pre-printed in the shaded area. These two items may not be altered in any way. If either of these two fields show incorrect information, please call the GISS for assistance.

## VERIFICATION QUESTIONNAIRE

DTSC requires a Verification Questionnaire form be completed for each EPA ID number which was issued to your organization and in effect at any time during the 1997/98 fiscal year or had manifest activity associated with it during the 1996 calendar year. The information you provide on this form should pertain to the individual site where the EPA ID number is assigned. Failure to provide this information may result in the suspension of the EPA ID number(s) assigned to your organization. (Per Health and Safety Code, Section 25205.16).

### INSTRUCTIONS:

#### Lines 1 and 2:

DTSC has pre-printed the EPA ID number (Line 1) along with the site location (Line 2) where the EPA ID number is assigned. **If you do not recognize the EPA ID number indicated on Line 1 or if the Location Address indicated on Line 2 differs from your records, DO NOT change either item. Instead, call the GISS for clarification and further information.**

#### Line 3:

DTSC has indicated the number of 1996 manifests submitted by your organization under the EPA ID number shown on Line 1. You may use this total as a guideline in completing Schedule A. If your records indicate a different total, use the number from your records. However, if that total differs greatly from the number pre-printed, please call the GISS for further information.

#### Lines 4, 5, and 6:

Please indicate any necessary changes to your Company's Name, Contact Information, and/or Owner Information in the space provided to the right of the pre-printed information. Make sure any information you provide is complete. **NOTE:** EPA ID numbers issued by DTSC may not be transferred to another owner. If the ownership information is different from the pre-printed information, please call the GISS for further information.

#### Line 7:

Check this box ONLY if you wish to deactivate the EPA ID number given on Line 1. Requests to deactivate an EPA ID number should be made only if your organization has ceased doing business at the site's location; hazardous waste is no longer being handled at the site; or more than one EPA ID number has been assigned to the same location. (If the location pre-printed on Line 2 has multiple EPA ID numbers, please call the GISS for further information.)

#### Certification/Signature:

The person who is responsible for completing the Verification Questionnaire must sign, date, and print his or her name and title.

## SCHEDULE A - MANIFEST FEE CALCULATION SHEET (1996)

(TO COMPLETE THIS FORM PLEASE SEE PAGE 2 OF THE INSTRUCTIONS)

- 1) Enter total number of California manifests used in Calendar Year 1996 for the EPA ID number pre-printed on Line 1 of the Verification Questionnaire on the reverse side. ....

13

### DEDUCTIONS:

Fees for manifests are divided into two categories: manifests used *solely* for recycled waste (only handling codes "01" or "R01")(\$6), and manifests used solely or partially for non-recycled waste (\$12). If your organization has less than 100 employees, you may deduct the first four (4) manifests used by your organization in 1996. This deduction may be taken in any combination of the two categories (e.g. 0 recycled + 4 non-recycled; 3 recycled + 1 non-recycled, etc.). Enter your deductions in Column II, Box 2b and/or Box 3b of the table below. If you do not qualify for this deduction, enter "0" in Column II, Box 2b and Box 3b. NOTE: If you have more than one EPA ID number, this deduction may be taken only once; not for every EPA ID number you hold.

COLUMN I	COLUMN II	COLUMN III
2a) From the total manifests reported on Line 1, enter the number of manifests which were used solely for recycled waste:  3	2b) Enter the number of manifests used solely for recycled waste you are deducting:  1	2c) Subtract Box 2b from Box 2a. Use this new total to calculate your fees for manifests used solely for recycled waste.  2
3a) From the total manifests reported on Line 1 enter the number of manifests which were used solely or partially for non-recycled waste:  10 (Box 2a + Box 3a should equal the amount in Line 1)	3b) Enter the number of manifests which were used solely or partially for non-recycled waste you are deducting:  4 (Box 2b + Box 3b should equal no more than 4)	3c) Subtract Box 3b from Box 3a. Use this new total to calculate your fees for manifests used solely or partially for non-recycled waste.  6

### 4) Manifest Fee Calculation:

- a) Enter the figure given in Column III, Box 2c and multiply by \$6:

$$2 \times \$6.00 = \$12.00$$

- b) Enter the dollar amount from Line 4a OR \$5,000, whichever amount is less .....

\$ 12.00

- c) Enter the figure given in Column III, Box 3c and multiply by \$12:

$$6 \times \$12.00 = \$72.00$$

5) Enter Total Manifest Fee Due: (Add 4b and 4c) ..... \$ 84.00



## **SCHEDULE A - MANIFEST FEE CALCULATION SHEET (continued)**

**Box 2a:** From the total Manifests you reported on Line 1, enter the number of Manifests which were used solely for recycled waste. (Each waste shown on a single Manifest must have a handling code reported only as "01" or "R01" in order for that manifest to be included here.)

**Box 2b:** If your organization qualifies for the Manifest deduction, enter the number of Manifests which were used solely for recycled waste that you are deducting. Enter a "0" if your organization does not qualify for this deduction, or if none of the first four Manifests used fit this category.

**Box 2c:** Subtract Box 2b from Box 2a and enter the remainder.

**Box 3a:** From the total Manifests reported on Line 1, enter the number of Manifests which were used solely or partially for non-recycled waste.

**Box 3b:** If your organization qualifies for the Manifest deduction, enter the number of Manifests which were used solely or partially for non-recycled waste that you are deducting. Enter a "0" if your organization does not qualify for this deduction, or if none of the first four Manifests used fit this category.

**Box 3c:** Subtract Box 3b from Box 3a and enter the remainder.

**Line 4a:** Multiply the figure given in Box 2c by \$6.00 (fee rate for Manifests used *solely* for recycled waste) and enter the dollar amount.

**Line 4b:** The maximum dollar amount an organization is to pay for Manifests used solely for recycled waste is \$5,000 per EPA ID number. Enter either the figure given on Line 4a, OR "\$5,000", whichever amount is less.

**Line 4c:** Multiply the figure given in Box 3c by \$12.00 (fee rate for Manifests which were used solely or partially for non-recycled waste) and enter the dollar amount. These Manifests have no fee limit.

**Line 5:** Add Line 4b and Line 4c. This amount is the total Manifest Fee due for the EPA ID number printed on Line 1 of the Verification Questionnaire (reverse side of Schedule A).

If you have more than one EPA ID number, complete a Verification Questionnaire and a Schedule A - Manifest Fee Calculation Sheet for each of your EPA ID numbers. When all Verification Questionnaires and Schedule A - Manifest Fee Calculation Sheets have been completed for all your EPA ID numbers, proceed to Schedule B - Fees Summary Sheet.

**SCHEDULE B - FEES SUMMARY SHEET**  
(TO COMPLETE THIS FORM PLEASE SEE PAGE 5 OF THE INSTRUCTIONS)

**A. EPA ID NUMBER VERIFICATION FEE (1997/98)**

1. Name of Organization: \_\_\_\_\_

2. Enter the total number of California employees in your entire organization: \_\_\_\_\_  
(See Page 5 of the Instructions for definition of California Employees)

Number of Employees	EPA ID Fee Rate	Number of Employees	EPA ID Fee Rate
1 through 49	No Fee	100 through 249	\$200.00
50 through 74	\$150.00	250 through 499	\$225.00
75 through 99	\$175.00	500 or more	\$250.00
Fees Not to Exceed \$5,000.00			

3. Enter the EPA ID Number Verification Fee Rate from the table above. ... \$ 0

4. Enter the total number of EPA ID numbers held by your organization. ... 1  
(Return a Verification Questionnaire for each EPA ID number reported on this line)

5. Calculate your EPA ID number fee (Multiply Line 3 by Line 4). ... \$ 0

6. Total EPA ID Number Verification Fee Due (Enter the dollar amount from Line 5 above, OR \$5,000.00, whichever amount is less). ... \$ 0

**B. MANIFEST FEE (Calendar Year 1996)**

1. Enter the dollar amount from Line 5 on your Schedule A - Manifest Fee Calculation Sheet. If your organization has more than one EPA ID number, enter the total of all dollar amounts from Line 5 on all your Schedule A - Manifest Fee Calculation Sheets. .... \$ 84.00

**C. GRAND TOTAL OF EPA ID NUMBER VERIFICATION AND MANIFEST FEES**

1. Add Line A6 and Line B1 and enter here. .... \$ 84.00

If a fee is due, please make your check payable to "DTSC" for the amount reported on Line C1.

If you wish to pay your fee by credit card, please see cover letter for instructions.

**YOU MUST RETURN THE ORIGINAL OF THE FOLLOWING DOCUMENTS:**

- \* Verification Questionnaire (one form for each EPA ID number reported on Line 4)
- \* Schedule A - Manifest Fee Calculation Sheet (one form for each EPA ID number reported on Line 4)
- \* Schedule B - Fees Summary Sheet (only one form is needed for your entire organization)

THIS SECTION FOR DEPARTMENT'S USE ONLY			
CHECK NO:	\$ AMOUNT:	DATE:	CID NO:
12560055:	12560092:	12560065:	
12560035:	12560091:	AMOUNT DUE:	
12560045:	12560093:	PRIMARY ID #:	

## **SCHEDULE B - FEES SUMMARY SHEET**

### **Section A - EPA ID Number Verification Fee (1997/98):**

Health and Safety Code, Section 25205.16 requires DTSC to verify the accuracy of its information related to generators, transporters, and facilities authorized to treat, store, dispose, or recycle hazardous waste. DTSC captures the data needed via the Verification Questionnaire and uses the information collected to ensure its Hazardous Waste Information Network database is current and correct. The EPA ID Number Verification Fee, which has been established by the State Legislature, funds this effort. The fee is based on the total number of California employees working in your entire organization.

### **INSTRUCTIONS:**

- Line 1: Enter the full name of your organization. No abbreviations please.
- Line 2: Enter the total number of individuals employed in California by your organization. An employee must have worked more than 500 hours during calendar year 1997 to be included in your calculation. *"Organization" is defined as a registered corporation, single proprietor, or partnership or company. For public agencies, "organization" is defined as an agency, department, or district.*
- Line 3: Based on the number of employees entered on Line 2, determine your EPA ID Verification Fee Rate by using the table shown, and enter that rate here.
- Line 4: Enter the total number of EPA ID numbers assigned to your organization. If you indicated on Line 7 of the enclosed Verification Questionnaire that you wish to deactivate an EPA ID number, include that EPA ID number in this total. The fee is still required if the number was active anytime during this billing period (July 1, 1997 through June 30, 1998).
- Line 5: Enter the EPA ID Number Verification Fee by multiplying the fee rate (reported on Line 3) by the total EPA ID numbers held by your organization (reported on Line 4).
- Line 6: The maximum EPA ID Number Verification Fee is \$5,000.00 per organization. Enter either the amount on Line 5, OR "5,000.00", whichever amount is less.

### **Section B - Manifest Fee (Calendar Year 1996):**

- Line 1: Enter the total Manifest Fee due. This dollar amount is reported on Line 5 of your Schedule A - Manifest Fee Calculation Sheet. If you have more than one EPA ID number, enter the total of *all* dollar amounts reported on Line 5 of *each* of your Schedule A - Manifest Fee Calculation Sheets.

### **Section C - Grand Total of all EPA ID Number Verification and Manifest Fees:**

- Line 1: Add Line A6 and Line B1. The sum of these two amounts is the total fee due from your organization.

# AUG. 1996 THROUGH MAR. 1998 WASTE GENERATION REPORT

ELECTRONIC CHROME & GRINDING  
9128-32 DICE ROAD  
SANTA FE SPRINGS, CA 90670

<u>DATE</u>	<u>MANIFEST</u>	<u>WASTE STREAM</u>	<u>QTY</u>	<u>WEIGHT</u>	<u>DISPOSAL</u>
8/8/96	95361138	FILTER CAKE	5	2500 lb	RECYCLE
9/9/96	95361157	GRINDING SLUDGE	2	1000 lb	LANDFILL
		CHROME SLUDGE	2	1000 lb	RECYCLE
* 9/10/96	95361163	WASTE WATER	400 g	400 gal	RECYCLE
9/18/96	95361166	FILTER CAKE	4	4000 lb	RECYCLE
		CHROME SLUDGE	2	1000 lb	RECYCLE
9/26/96	95361176	CHROME SLUDGE	1	500 lb	RECYCLE
* added to IN Box K -10/31/96	96557630	FILTER CAKE	6	6000 lb	RECYCLE
1/24/97	96557701	WASTE WATER	375 gal	375 gal	RECYCLE
2/4/97	96557712	GRINDING SLUDGE	2	1000 lb	LANDFILL
		CHROME SLUDGE	7	3500 lb	RECYCLE
		FILTER CAKE	1	1000 lb	RECYCLE
3/20/97	96557783	GRINDING SLUDGE	2	1000 lb	LANDFILL
		CHROME SLUDGE	7	3500 lb	RECYCLE
		FILTER CAKE	3	3000 lb	RECYCLE
4/15/97	96557816	CHROME SLUDGE	8	4000 lb	RECYCLE
		FILTER CAKE	3	3000 lb	RECYCLE
4/23/97	96557829	CHROME SLUDGE	7	3500 lb	RECYCLE
6/25/97	96557972	WASTE WATER	400 gal	400 gal	RECYCLE
6/30/97	96557982	FILTER CAKE	6	6000 lb	RECYCLE
7/23/97	96796849	FILTER CAKE	3	3000 lb	RECYCLE
8/15/97	96796896	CHROME SLUDGE	5	2000 lb	RECYCLE
		FILTER CAKE	3	4000 lb	RECYCLE
10/7/97	96796994	CHROME SLUDGE	3	2100 lb	RECYCLE
		FILTER CAKE	4	8000 lb	RECYCLE
11/6/97	96797053	WASTE WATER	350 gal	350 gal	RECYCLE
12/18/97	96797127	CHROME SLUDGE	1	600 lb	RECYCLE
		FILTER CAKE	4	6000 lb	RECYCLE
		GRINDING SLUDGE	2	1000 lb	LANDFILL
3/3/98	97216843	FILTER CAKE	5	9000 lb	RECYCLE



Cal/EPA

April 1998

Department of  
Toxic Substances  
Control

TO: HAZARDOUS WASTE HANDLERS

Pete Wilson  
Governor

400 P Street  
4th Floor  
P.O. Box 806  
Sacramento, CA  
95812-0806

Peter M. Rooney  
Secretary for  
Environmental  
Protection

SUBJECT: EPA ID NUMBER VERIFICATION AND MANIFEST FEES ASSESSMENT

This is your 1997/98 fee assessment for the Environmental Protection Agency Identification (EPA ID) Number Verification Fee and Manifest Fee as required by Health and Safety Code, Sections 25205.16 and 25205.15. The EPA ID Verification Fee is for all valid EPA ID numbers held by your organization any time during the 1997/98 fiscal year (July 1, 1997 through June 30, 1998). The Manifest Fee is for California Uniform Hazardous Waste Manifests (Manifests) used by your organization as a generator during the calendar year 1996.

Instructions are enclosed to assist you in completing the forms and calculating the required fees, if applicable. Your completed forms and payment are due 30 days from receipt of this assessment. Checks are to be made payable to the Department of Toxic Substances Control or "DTSC". Send the completed forms and required payment to the following address:

Accounting Unit, EPA ID  
Department of Toxic Substances Control  
P.O. Box 806  
Sacramento, California 95812-0806

If you have any questions, please contact DTSC's Generator Information Services Section (GISS) for assistance. You may reach the GISS operators by calling 1-800-618-6942 if you are dialing within California, or 1-916-324-1781 if you are dialing from outside California. The GISS operating hours are 8:30am to 12:00pm and 1:00pm to 4:30pm (Pacific Standard Time), Monday through Friday. GISS is closed during the lunch hour of 12:00pm to 1:00pm daily.

**CREDIT CARD PAYMENT:** *If you wish to pay your fees via a credit card, please call the GISS at the number listed above for further instructions.*

1995

## 1997 VERIFICATION QUESTIONNAIRE

The Department of Toxic Substances Control requires the enclosed forms ("Verification Questionnaire", "Schedule A - Manifest Calculation Sheet", and "Schedule B - Fees Summary Sheet") be completed and returned 30 days from the date of receipt. To complete these forms please see the instructions beginning on Page 3.

### PLEASE DO NOT CHANGE ANY INFORMATION IN THE SHADED AREA

ELECTRONIC CHROME CO INC  
9132 DICE RD  
SANTA FE SPRINGS CA 90670-2545

If your Mailing Address has changed, please  
PRINT or TYPE New Mailing Address below:

1.	EPA ID Number:	CAD008390427
2.	Location Address:	9132 DICE RD SANTA FE SPRINGS CA 90670-0000
3.	The Department has determined that during Calendar Year 1996 the number of California Manifests submitted under the EPA ID Number listed on Line 1 totaled:	

4. Company Name  
ELECTRONIC CHROME CO INC

If different, indicate changes below:

5. Contact Information

MIKE REED  
9132 DICE RD  
SANTA FE SPRINGS CA 906700000  
(310)946-6671

6. Owner Information

PHILIP REED PRESIDENT  
9132 DICE RD  
SANTA FE SPRINGS CA 90670-0000  
(310)946-6671

7. ☐ Check this box ONLY if you wish to deactivate the EPA ID Number given on Line 1.

I hereby certify under penalty of perjury the above information is true and correct.

Signature

Date

Name (Please Print)

Title



Below are line-by-line instructions for completing the enclosed Verification Questionnaire, Manifest Fee Calculation Sheet, and Fees Summary Sheet. Please read the instructions thoroughly prior to completing the forms. The Verification Questionnaire displays information currently contained in DTSC files about your firm. Please use the space provided to update any of the pre-printed information **EXCEPT** for the EPA ID number and location address. These two items may not be changed. If you have any questions, please contact the TIC for assistance.

## **VERIFICATION QUESTIONNAIRE**

DTSC requires a Verification Questionnaire form be completed for each EPA ID number which was (1) issued to your organization and (2) in effect at any time during the 1996/97 fiscal year. The information you provide on this form should pertain to the individual site where the EPA ID number is assigned. Failure to provide this information may result in the suspension of the EPA ID number(s) assigned to your organization. (Health and Safety Code, Section 25205.16).

### **INSTRUCTIONS:**

#### **Lines 1 and 2:**

DTSC has pre-printed the EPA ID number (Line 1) along with the site location (Line 2) where the EPA ID number was assigned. **If you do not recognize the EPA ID number indicated on Line 1 or if the Location Address indicated on Line 2 differs from your records, DO NOT change either item. Instead, call the TIC for clarification and further information.**

#### **Line 3:**

DTSC has indicated the number of 1995 manifests submitted by your organization under the EPA ID number shown on Line 1. You may use this total as a guideline in completing Schedule A. If your records indicate a different total, use the number from your records. However, if that total differs greatly from the number pre-printed by DTSC, please contact the TIC for further information.

#### **Lines 4, 5, and 6:**

Please indicate any necessary changes to your Company's Name, Contact Information, and/or Owner Information in the space provided to the right of the pre-printed information.

#### **Line 7:**

Check this box **ONLY** if you wish to deactivate the EPA ID number given on Line 1. Requests to deactivate an EPA ID number should be made only if your organization has ceased doing business at the site's location; hazardous waste is no longer being handled at the site; or more than one EPA ID number has been assigned to the same location. (If the site has multiple EPA ID numbers, please call the TIC for further information.)

#### **Certification/Signature:**

The person who is responsible for completing the Verification Questionnaire must sign, date, and print his or her name and title.

## SCHEDULE A - MANIFEST FEE CALCULATION SHEET (1995)

(TO COMPLETE THIS FORM PLEASE SEE PAGE 4 OF THE INSTRUCTIONS)

- 1) Enter total number of California manifests used in Calendar Year 1995 for the EPA ID number pre-printed on Line 1 of the Verification Questionnaire on the reverse side . . . . .

### DEDUCTIONS:

Fees for manifests are divided into two categories: those manifests used *solely* for recycled waste (\$6), and those manifests used solely or partially for non-recycled waste (\$12). If your organization has less than 100 employees, you may deduct the first four (4) manifests used by your organization in 1995. This deduction may be taken in any combination of the two categories (e.g. 0 recycled + 4 non-recycled; 3 recycled + 1 non-recycled, etc.). Enter your deductions in Column II, Box 2b and/or Box 3b of the table below. If you do not qualify for this deduction, enter "0" in Column II, Box 2b and Box 3b. Note: If you have more than one EPA ID number, this deduction may be taken only once; not for every EPA ID number you hold.

COLUMN I	COLUMN II	COLUMN III
<p>2a) From the total manifests reported on Line 1, enter the number of manifests which were used solely for recycled waste:</p> <p style="text-align: center;">4</p>	<p>2b) Enter the number of manifests used solely for recycled waste you are deducting:</p> <p style="text-align: center;">0</p>	<p>2c) Subtract Box 2b from Box 2a. Use this new total to calculate your fees for manifests used solely for recycled waste.</p> <p style="text-align: center;">4</p>
<p>3a) From the total manifests reported on Line 1 enter the number of manifests which were used solely or partially for non-recycled waste:</p> <p style="text-align: center;">7</p> <p>(Box 2a + Box 3a should equal the amount in Line 1)</p>	<p>3b) Enter the number of manifests which were used solely or partially for non-recycled waste you are deducting:</p> <p style="text-align: center;">4</p> <p>(Box 2b + Box 3b should equal no more than 4)</p>	<p>3c) Subtract Box 3b from Box 3a. Use this new total to calculate your fees for manifests used solely or partially for non-recycled waste.</p> <p style="text-align: center;">3</p>

### 4) Manifest Fee Calculation:

- a) Enter the figure given in Column III, Box 2c and multiply by \$6:

$$4 \times \$6.00 = \$24.00$$

- b) Enter the dollar amount from Line 4a OR \$5,000, whichever amount is less . . . . .

\$ 24.00

- c) Enter the figure given in Column III, Box 3c and multiply by \$12:

$$3 \times \$12.00 = \$36.00$$

5) Enter Total Manifest Fee Due: (Add 4b and 4c) . . . . . \$ 60.00

## **SCHEDULE A - MANIFEST FEE CALCULATION SHEET (continued)**

**Box 2a:** From the total Manifests reported on Line 1, enter the number of Manifests which were used solely for recycled waste. (Each waste reported on a single Manifest must have a handling code of "01" to be included here.)

**Box 2b:** If your organization qualifies for the Manifest deduction, enter the number of Manifests which were used solely for recycled waste that you are deducting. Enter a "0" if your organization does not qualify for this deduction, or if none of the first four Manifests used fit this category.

**Box 2c:** Subtract Box 2b from Box 2a and enter the remainder.

**Box 3a:** From the total Manifests reported on Line 1, enter the number of Manifests which were used solely or partially for non-recycled waste.

**Box 3b:** If your organization qualifies for the Manifest deduction, enter the number of Manifests which were used solely or partially for non-recycled waste that you are deducting. Enter a "0" if your organization does not qualify for this deduction, or if none of the first four Manifests used fit this category.

**Box 3c:** Subtract Box 3b from Box 3a and enter the remainder.

**Line 4a:** Multiply the figure given in Box 2c by \$6.00 (fee rate for Manifests used *solely* for recycled waste) and enter the dollar amount.

**Line 4b:** The dollar limit an organization is to pay for Manifests used solely for recycled waste is \$5,000 per EPA ID number. Enter either the figure given on Line 4a, OR "\$5,000", whichever amount is less.

**Line 4c:** Multiply the figure given in Box 3c by \$12.00 (fee rate for Manifests which were used solely or partially for non-recycled waste) and enter the dollar amount. These Manifests have no fee limit.

**Line 5:** Add Line 4b and Line 4c. This amount is the total Manifest Fee due for the EPA ID number printed on Line 1 of the Verification Questionnaire (reverse side of Schedule A).

If you have more than one EPA ID number, complete a Verification Questionnaire and a Schedule A - Manifest Fee Calculation Sheet for each of your EPA ID numbers. When all Verification Questionnaires and Schedule A - Manifest Fee Calculation Sheets have been completed for all your EPA ID numbers, proceed to Schedule B.

**SCHEDULE B - FEES SUMMARY SHEET**  
(TO COMPLETE THIS FORM PLEASE SEE PAGE 6 OF THE INSTRUCTIONS)

**A. EPA ID NUMBER VERIFICATION FEE (1996/97)**

1. Name of Organization: \_\_\_\_\_
2. Enter the total number of California employees in your entire organization: \_\_\_\_\_  
(See Page 6 of the Instructions for definition of California Employees)

Number of Employees	EPA ID Fee Rate	Number of Employees	EPA ID Fee Rate
1 through 49	No Fee	50 through 74	\$150.00
75 through 99	\$175.00	100 through 249	\$200.00
250 through 499	\$225.00	500 or more	\$250.00
Fees Not to Exceed \$5,000.00			

3. Enter the EPA ID Number Verification Fee Rate from the table above. . . . \$ No Fee
4. Enter the total number of EPA ID numbers held by your organization. . . . 1  
(Return a Verification Questionnaire for each EPA ID number reported on Line 4)
5. Calculate your EPA ID number fee (Multiply Line 3 by Line 4). . . . . \$ 0
6. Total EPA ID Number Verification Fee Due (Enter the dollar amount  
from Line 5 above, OR \$5,000.00, whichever amount is less). . . . . \$ 0

**B. MANIFEST FEE (Calendar Year 1995)**

1. Enter the dollar amount from Line 5 on your Schedule A - Manifest  
Fee Calculation Sheet. If your organization has more than one  
EPA ID number, enter the total of all dollar amounts from Line 5  
on all your Schedule A - Manifest Fee Calculation Sheets. . . . . \$ 60.00

**C. GRAND TOTAL OF EPA ID NUMBER VERIFICATION  
AND MANIFEST FEES**

1. Add Line A6 and Line B1 and enter here. . . . . \$ 60.00

If a fee is due, please make your check payable to "DTSC" for the amount reported on Line C1.

If you wish to pay your fee by credit card, please see Page 1 of the instructions.

**YOU MUST RETURN THE FOLLOWING DOCUMENTS:**

- \* Verification Questionnaire (one form for each EPA ID number reported on Line 4)
- \* Schedule A - Manifest Fee Calculation Sheet (one form for each EPA ID number reported on Line 4)
- \* Schedule B - Fees Summary Sheet (only one form is needed for your entire organization)

THIS SECTION FOR DEPARTMENT'S USE ONLY			
CHECK NO:	\$ AMOUNT:	DATE:	CID NO:
12560055:	12560092:	UNCLEAR:	
12560035:	12560091:	AMOUNT DUE:	
12560045:	12560093:	PRIMARY ID #:	



Cal/EPA

Department of  
Toxic Substances  
Control

400 P Street,  
4th Floor  
P.O. Box 806  
Sacramento, CA  
95812-0806



April 1997

TO: HAZARDOUS WASTE HANDLERS

Pete Wilson  
Governor

James M. Strock  
Secretary for  
Environmental  
Protection

SUBJECT: EPA ID NUMBER VERIFICATION AND MANIFEST FEES ASSESSMENT

This is your 1996/97 fee bill for the Environmental Protection Agency Identification (EPA ID) Number Verification Fee and Manifest Fee as required by Health and Safety Code, Sections 25205.16 and 25205.15. The EPA ID Verification Fee is for all valid EPA ID numbers held by your organization during the 1996/97 fiscal year (July 1, 1996 through June 30, 1997). The Manifest Fee is for California Uniform Hazardous Waste Manifests (Manifests) used by your organization as a generator during the calendar year 1995.

Instructions are enclosed to assist you in completing the forms and calculating the required fees, if applicable. Your completed forms and payment are due 30 days from receipt of this bill. Checks are to be made payable to the Department of Toxic Substances Control or "DTSC". Send the completed forms and required payment to the following address:

Accounting Unit, EPA ID  
Department of Toxic Substances Control  
P.O. Box 806  
Sacramento, California 95812-0806

If you have any questions, please contact DTSC's Telephone Information Center (TIC) for assistance. You may reach the TIC operators by calling 1-800-618-6942 if you are dialing within California, or 1-916-324-1781 if you are dialing from outside California. The TIC operating hours are 8:30am to 4:30pm (Pacific Standard Time), Monday through Friday.

**CREDIT CARD PAYMENT:** If you wish to pay your fees via a credit card, please call the TIC at the number listed above for further instructions.



1994

## VERIFICATION QUESTIONNAIRE

The Department of Toxic Substances Control requires the enclosed forms ("Verification Questionnaire", "Schedule A - Manifest Calculation Sheet", and "Schedule B - Fees Summary Sheet") be completed and returned 30 days from receipt. Please see instructions for completing these forms beginning on Page 1.

### PLEASE DO NOT CHANGE ANY INFORMATION IN THE SHADED AREA

If your Mailing Address has changed, please  
PRINT or TYPE New Mailing Address below:

ELECTRONIC CHROME CO INC  
9132 DICE RD  
SANTA FE SPRINGS CA 90670-0000

1.	EPA ID Number	CA9070-0000
2.	Location Address	9132 DICE RD SANTA FE SPRINGS CA 90670-0000
3.	The Department has determined for the calendar year 1994 the number of Manifests submitted under the EPA ID Number listed on Line 1 totaled:	

4. Company Name If different, indicate changes below:

ELECTRONIC CHROME CO INC

5. Contact Information

MIKE REED  
9132 DICE RD  
SANTA FE SPRINGS CA 90670-0000  
(310)946-6671

6. Owner Information

PHILIP REED PRESIDENT  
9132 DICE RD  
SANTA FE SPRINGS CA 90670-0000  
(310)946-6671

7. ☐ Check this box ONLY if you wish to deactivate the EPA ID Number given on Line 1.

I hereby certify under penalty of perjury the above information is true and correct.

Joyce Gillam  
Signature  
JOYCE GILLAM  
Name (Please Print)

5/2/96  
Date  
Secretary  
Title



**SCHEDULE A - MANIFEST FEE CALCULATION SHEET (1994)**

1. Enter total number of California manifests your records show were used in Calendar Year 1994 ..... 5

Enter only the number of manifests used for the EPA ID Number shown on Line 1 on the reverse side of this form. Do not report receipts or bills of lading from your transporter.

**DEDUCTIONS:**

Fees for manifests are divided into two categories: those manifests used *solely* for recycled waste (\$6), and those manifests used solely or partially for non-recycled waste (\$12). If your organization has less than 100 employees, you may deduct the first four (4) manifests used by your organization in 1994. This deduction may be taken in any combination of the two categories (e.g. 0 recycled + 4 non-recycled; 3 recycled + 1 non-recycled, etc.). Enter your deductions in Column II, Box 2b and/or Box 3b of the table below. If you do not qualify for this deduction, enter "0" in Column II, Box 2b and Box 3b. Note: If you have more than one EPA ID number, this deduction may be taken only once; not for every EPA ID number you hold.

COLUMN I	COLUMN II	COLUMN III
2a) From the total manifests reported on Line 1, enter the number of manifests which were used solely for recycled waste:  <u>2</u>	2b) Enter the number of manifests used solely for recycled waste you are deducting:  <u>1</u>	2c) Subtract Box 2b from Box 2a. Use this new total to calculate your fees for manifests used solely for recycled waste.  <u>1</u>
3a) From the total manifests reported on Line 1 enter the number of manifests which were used solely or partially for non-recycled waste:  <u>3</u> (Box 2a + Box 3a should equal the amount in Line 1)	3b) Enter the number of manifests which were used solely or partially for non-recycled waste you are deducting:  <u>3</u> (Box 2b + Box 3b should equal no more than 4)	3c) Subtract Box 3b from Box 3a. Use this new total to calculate your fees for manifests used solely or partially for non-recycled waste.  <u>0</u>

**4) Manifest Fee Calculation:**

- a) Enter the figure given in Column III, Box 2c and multiply by \$6:

$$\underline{1} \times \$6.00 = \$ \underline{6.00}$$

- b) Enter the dollar amount from Line 4a OR \$5,000, whichever amount is less .....

\$ 6.00

- c) Enter the figure given in Column III, Box 3c and multiply by \$12:

$$\underline{0} \times \$12.00 = \$ \underline{0}$$

5) Enter Total Manifest Fee Due: (Add 4b and 4c) ..... \$ 6.00

**DEPARTMENT OF TOXIC SUBSTANCES CONTROL**

400 P STREET, 4TH FLOOR  
P.O. BOX 806  
SACRAMENTO, CA 95812-0806

**CORRECTION NOTIFICATION**

April 21, 1994

ELECTRONIC CHROME CO INC  
9132 DICE RD  
SANTA FE SPRINGS, CA 90670

EPA ID NUMBER CAD008391427  
MANIFESTS 4

The Department of Toxic Substances Control (Department) has reviewed the EPA ID Number and Manifest Fee Return sent to you for the EPA ID Number listed above. The review disclosed a computer error which resulted in overstating the number of manifests used in 1992 for that EPA ID Number. On your original Fee Return, please line out the incorrect preprinted number for manifests used and enter the corrected number provided above. After the change has been made, please follow the instructions provided with the Fee Return to calculate the amount of fees owed.

The Department regrets any problems this error has caused and will be taking the following actions to address the effects of the error:

ALREADY  
MAILED

1. The hours of the Department's Telephone Information Center have been extended. The new hours, in effect until the end of May 1994, are 8:15 a.m. to 7:00 p.m. (Pacific Time) Monday through Friday, and 9:00 a.m. to 4:00 p.m. (Pacific Time) Saturday. The Telephone Information Center numbers are 800-618-6942 (within California) or 916-324-1781 (outside California).
2. The due date for submitting your Fee Return and any fees due is extended by 15 days. The new due date is 45 days from receipt of the original Fee Return.
3. The Department will be reviewing all Fee Returns and will automatically refund the amount of any overpayments made as a result of over reporting the number of manifests. Thus it will not be necessary for you to review or amend your return if you submitted it based upon the original incorrect number of manifests.

Thank you for your cooperation in correcting this error. If you have any questions please contact the Telephone Information Center at the numbers listed above.



## EPA ID NUMBER AND MANIFEST FEE RETURN



*** FOR ACCOUNTING USE ONLY ***	
Check #:	Amt:
Check Date:	
CID #:	
125600 55:	
125600 35:	
125600 45:	
125600 92:	
125600 91:	
125600 93:	
Uncleared:	

ELECTRONIC CHROME CO INC  
9132 DICE RD  
SANTA FE SPRINGS CA 90670

State legislation establishing two fees for hazardous waste generators and handlers was enacted in 1992. Payment of these fees is now required for (1) verification of information related to a business' EPA Identification (ID) Number and (2) each hazardous waste manifest submitted to the Department of Toxic Substances Control (Department). See instructions for completing this form beginning on Page 2.

**THIS FORM AND THE REQUIRED FEES MUST BE RETURNED TO THE DEPARTMENT WITHIN 30 DAYS FROM DATE OF RECEIPT.**

### EPA ID NUMBER FEE (for fiscal year 1993/94)

The total amount of fee you must pay for verification and maintenance of your EPA ID Number is based on the number of employees in your organization and how many ID numbers are assigned to your organization. The Department has determined the following EPA ID Number has been assigned to your organization: **CAD008391427**

1. Please enter your organization's nine digit Federal Employer Number:
2. Number of individuals employed by your entire organization in California:  
(IMPORTANT: see instructions on how to determine the number of employees that your organization should report)
3. EPA ID Number fee required for an organization of this size:  
(IMPORTANT: see instructions on how to determine your base fee)
4. Total of all EPA ID Numbers assigned to your organization:
5. Multiply Line 3 by Line 4. Indicate your EPA ID Number Verification Fee due:

1. 95-2489408  
2. 16  
3. \$ 0  
4. 1  
5. \$ 0

### MANIFEST FEE (for calendar year 1992)

State law requires payment of a \$6 or \$12 fee (depending on the method used to dispose of your waste) for each California Uniform Hazardous Waste Manifest form submitted to the Department. **IMPORTANT:** It is imperative that you read and understand the instructions related to the exemptions and limitations of the Manifest Fee. The Department has determined that during 1992 the amount of manifests submitted under the above listed EPA ID Number totaled: **33**

*WE ACTUALLY HAD 4, BUT 1ST 4 ARE FREE (SEE LAST PAGE)*

6. Enter the total number of manifests submitted during 1992 by your organization:  
(Remember to deduct 4 manifests if you have less than 100 employees)
7. If your organization used manifests "solely for recycled" waste, complete the attached "Worksheet A" and enter the total dollar amount calculated.
8. Enter the total number of manifests qualifying for the \$12 fee:  
(Manifests used for other than recycled wastes)
9. Multiply the number on Line 8 by \$12 and enter that amount:  
(If zero or less, enter zero)

6. 0  
7. \$ 0  
8. 0  
9. \$ 0  
10. \$ 0  
11. \$ 0

10. Add Lines 7 and 9. Indicate your Manifest Fee due:

11. Add Lines 5 and 10. Indicate your total of all fees due:

Attach a check in the appropriate amount made payable to "DTSC" and return along with this completed form to:

Accounting Section  
Department of Toxic Substances Control  
P.O. Box 806  
Sacramento, CA 95812-0806

**You must complete both sides of this form**

43148G

DTSC - March, 1994

*RETURNED 4/12/94*

DEPARTMENT OF TOXIC  
SUBSTANCES CONTROL  
EPA ID NUMBER VERIFICATION QUESTIONNAIRE

information contained in our files regarding your hazardous waste activity as required by California Health & Safety Code Section 25205.16. Please fill in the items below for the geographic location or site represented by the EPA Identification Number printed on the Fee Return. (See instructions for completing this form on Page 4.)

1. EPA IDENTIFICATION NUMBER FOR YOUR GEOGRAPHICAL LOCATION: CAD 008391427

2A. COMPANY NAME: ELECTRONIC CHROME CO., INC.

2B. FICTITIOUS BUSINESS NAME (if applicable): \_\_\_\_\_

3. LOCATION ADDRESS:  
No: 9132 Street: Dice Road Suite: \_\_\_\_\_  
City: Santa Fe Springs, State: CA Zip: 90670

4. BOE NUMBER \_\_\_\_\_ 5. SIC CODE: 3471

6. MAILING ADDRESS:  
No: 9132 Dice Road Street: \_\_\_\_\_ Suite: \_\_\_\_\_  
City: Santa Fe Springs, State: CA Zip: 90670

7A. CONTACT PERSON'S NAME & TITLE: MIKE REED  
CONTACT ADDRESS:  
No: 9132 Street: Dice Road Suite: \_\_\_\_\_  
City: Santa Fe Springs State: CA Zip: 90670

7B. PHONE NUMBER: (310) 946-6671 7C. FAX NUMBER: (310) 946-5903

8A. OWNER'S NAME: Philip Reed, President  
OWNER'S ADDRESS:  
No: 9132 Street: Dice Road Suite: \_\_\_\_\_  
City: Santa Fe Springs State: CA Zip: 90670

8B. PHONE NUMBER: (310) 946-6671 8C. FAX NUMBER: (310) 946-5903

9. INDICATE IF YOU WISH TO INACTIVATE THE EPA ID NUMBER FOR THIS LOCATION.  
☐ (SEE INSTRUCTIONS ON PAGE 5 REGARDING FACTS RELATING TO INACTIVE EPA ID NUMBERS.)

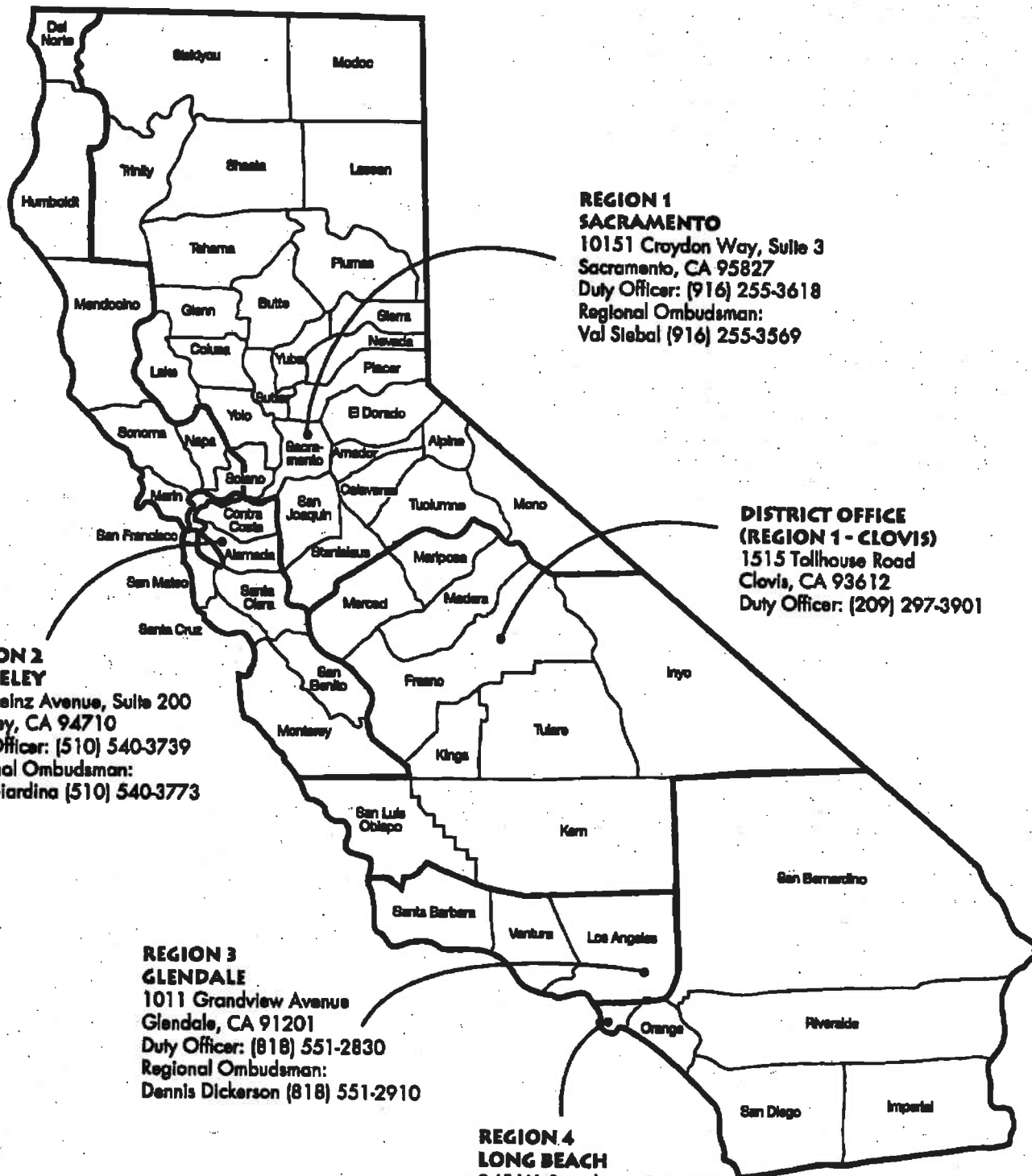
10. NAME OF BUSINESS PREVIOUSLY OPERATING AT THIS LOCATION (if known):  
\_\_\_\_\_

11. INDICATE WHAT TYPE OF HAZARDOUS WASTE THIS LOCATION MANAGES (check one).  
☒ RCRA (federally regulated waste 100 kg and above or acutely hazardous waste 1 kg and above per month)  
☐ Non-RCRA (all State regulated waste or federally regulated waste under 100 kg per month)

12. LIST THE TOP FOUR FEDERAL AND/OR STATE WASTE CODES USED FOR THE WASTE GENERATED OR HANDLED AT YOUR SITE:  
F006/171 /352 /222 \_\_\_\_\_

You must complete both sides of this form

# DEPARTMENT OF TOXIC SUBSTANCES CONTROL



# Take advantage of the following services offered by the Department of Toxic Substances Control (DTSC)

## **Regulatory Assistance**

DTSC has established an Office of Regulatory Assistance, operating out of Department headquarters in Sacramento. Staff are trained to oversee and coordinate the various assistance programs offered, the CEQA process, as well as local agency involvement. For more information, please call the help line at (916) 322-0476

## **Consultative Services**

Upon request, DTSC compliance specialists will visit your business or facility to review your waste-handling operations and procedures. Cost-saving advice on pollution prevention and waste-minimization techniques may also be offered. Call 1-800-52-TOXIC.

## **Pollution Prevention**

All hazardous waste generators should review their operations and look for ways to reduce or eliminate the amount of waste produced. This may involve the use of new technologies, or improve production practices. For more information on pollution prevention, please call (916) 322-3670.

## **Cal/EPA and DTSC Conference and Exposition "Competitive Advantage through Environmental Technology"**

This conference, May 4-6, 1994 in San Diego, is hosted by Cal/EPA and DTSC, to showcase California's environmental technology industry. There will be informative presentations and more than 100 exhibitors on hand. Call (916) 354-0176 for more information.

## **Walk-In Site Mitigation Program**

Property owners and facility operators can receive timely DTSC oversight of their efforts to remediate contaminated sites with relatively low risks to health and environment. Contact: Site Mitigation Program. (See the reverse side for the DTSC Regional Office nearest you.)

## **Fee-For-Service Permit Assistance**

This new program is designed to speed up an applicant's permit processing status. Assistance is given to those who are preparing permit applications, modifications, or closure plans. A fee is charged to cover DTSC costs. Contact: Site Mitigation Program. (See the reverse side for the DTSC Regional Office nearest you.)

## **Hazardous Household Waste**

Many common household products are legally defined as hazardous. Proper disposal of unused portions of these products is important. For information regarding the next household hazardous waste collection event in your area, contact your county health office, or call the Duty Officer at the DTSC Regional Office nearest you.

### INSTRUCTIONS FOR COMPLETING "WORKSHEET A"

Complete "Worksheet A" only for manifests submitted to the Department during 1992 which were used "solely for recycled" waste.

- ▶ Enter all EPA ID Numbers for which manifests were submitted for recycled waste in the first column.
- ▶ Enter the total number of manifests submitted under each EPA ID Number listed which were used "solely" for recycled waste in the second column.
- ▶ Multiply the number of manifests in the second column by six dollars (\$6) and enter that amount in the third column. If the total amount of manifest fees for any single EPA ID Number is more than \$5,000; only enter \$5,000.
- ▶ Add the dollar amounts in the third column and transfer that amount to the Manifest Fee Return, Line 7.
- Attach "Worksheet A" (if completed) to the Fee Return and Questionnaire and return with any fees owed to the Department.

### WORKSHEET A

ENTER EPA ID NUMBER (one per line)	NUMBER OF MANIFESTS (recycled waste only)	MULTIPLY MANIFEST COUNT BY \$6 AND ENTER TOTAL (or \$5,000, whichever is less)
<b>ADD DOLLAR AMOUNTS IN COLUMN 3 AND TRANSFER AMOUNT TO THE MANIFEST FEE RETURN, LINE 7</b>		



## INSTRUCTIONS FOR COMPLETING VERIFICATION QUESTIONNAIRE

The following data is necessary to verify the Department has current information associated with all EPA ID Numbers. You **MUST** complete a separate questionnaire for each EPA ID Number assigned to your organization. **REMEMBER; THE FOLLOWING INFORMATION MUST BE REPORTED BY INDIVIDUAL LOCATION.**

- Line 1: Enter the EPA ID Number of the location for which you are verifying information. This number should match the pre-printed number on the Fee Return Form.
- Line 2A: Enter the full name (with no abbreviations) of the company for which you are verifying information.
- Line 2B: Enter any fictitious business name the company may use.
- Line 3: Enter the location address associated with the company and EPA ID Number for which you are verifying information.
- Line 4: Enter the twelve digit tax identification number issued to your company. This is a Board of Equalization Identification Number assigned to your company by the State of California for tax reporting purposes.
- Line 5: Enter the four digit Standard Industrial Classification (SIC) Code that best describes your company's principal product or service. If you do not know your company's SIC Code please contact this Department.
- Line 6: Enter the mailing address associated with the company. This should be the address where you want any and all correspondence delivered. Please remember to include a zip code. (You may wish to report the same mailing address for any and all locations to assure proper and timely receipt of the fee forms for the next billing cycle.)
- Line 7A: Enter the name, title, and address of the contact person for the company or organization. This should be the person the Department can contact regarding this location's EPA ID Number and/or waste activity, if necessary.
- Line 7B: Enter the telephone number for the contact person reported on Line 7A. (Remember to include the area code.)
- Line 7C: Enter the telecopy (FAX) number, if applicable, for the contact person reported on Line 7A. (Remember to include the area code.)
- Line 8A: Enter the name and address of the legal owner of the company. An example could be an individual's name, a group name, or a corporation name; what ever is applicable.
- Line 8B: Enter the telephone number for the legal owner reported on Line 8A. (Remember to include the area code).
- Line 8C: Enter the telecopy (FAX) number, if applicable, for the legal owner reported on Line 8A. (Remember to include the area code.)
- Line 9: Enter an "X" in the appropriate box **ONLY** if (at the location reported on Line 3) hazardous waste is no longer generated, there are multiple EPA ID Numbers, or the company has ceased doing business and you would like to inactivate the EPA ID Number reported on Line 1. (If you mark this box, do not complete Lines 10 through 12.) **REMEMBER:** Any use of an inactive EPA ID Number will be subject to enforcement action.
- Line 10: Enter the name of the business formerly located at the address reported on Line 3, if known.
- Line 11: Enter an "X" in the appropriate box that describes the hazardous waste managed at the location reported on Line 3. **RCRA** (Resource Conservation and Recovery Act) is federally regulated waste in quantities of 100 kg and above per month, or acutely/extremely hazardous waste in quantities of 1 kg and above per month. **Non-RCRA** is all State regulated wastes or federally regulated wastes in quantities below 100 kg per month.
- Line 12: Enter the four digit Federal and/or three digit State waste codes that describe the type of hazardous waste managed at the location reported on Line 3. If there are multiple waste types, enter only those four that represent the largest amounts of waste by weight.

If you have any further questions concerning the Fee Return, Questionnaire, and/or your EPA ID Number, please contact the Department's Telephone Information Center at 800-61-TOXIC (if you are calling from within California) or 916-324-1781 (if you are calling from outside of California). The TIC is in operation Monday through Friday from 8:15am until 4:45pm.

**DEPARTMENT OF TOXIC SUBSTANCES CONTROL**

400 P Street, 4th Floor

P.O. Box 806

Sacramento, CA 95812-0806



TO: Generators, Transporters, and Facility Operators:

State legislation establishing the EPA ID Number and Manifest Fees was enacted in 1992. Both fees have particular exceptions and limitations which make it extremely important that you read and understand all instructions regarding completion of the enclosed Fee Return and Questionnaire. You must complete both the Fee Return and Questionnaire. If you have any questions about completing the enclosed forms, please contact the Department of Toxic Substances Control's (Department) Telephone Information Center at 800-61-TOXIC (if you are calling from within California) or 916-324-1781 (if you are calling outside of California).

**EPA ID NUMBER VERIFICATION FEE**

Health and Safety Code Section 25205.16 requires the Department to impose a verification fee upon all generators, transporters, and facility operators with 50 or more employees which possess a valid State or federally issued Environmental Protection Agency Identification (EPA ID) Number. In conjunction with this Statute, the Department is also required to verify the accuracy of information related to businesses who possess these Numbers. The amount of the fee required is determined by the number of people employed<sup>1</sup> with the entire organization<sup>2</sup>, and shall be owed for each of your locations which possesses an EPA ID Number. However, no organization shall be assessed fees that exceed, in total, five thousand dollars (\$5,000). The table below is designed to assist you in determining your Verification Fee category.

NUMBER OF EMPLOYEES IN ORGANIZATION	AMOUNT OF FEE IMPOSED
1 through 49	No Fee
50 through 74	\$150.00
75 through 99	\$175.00
100 through 249	\$200.00
250 through 499	\$225.00
500 or more	\$250.00
Maximum fee not to exceed	\$5,000.00

**MANIFEST FEE**

Health and Safety Code Section 25205.15 requires the Department to impose a fee of twelve dollars (\$12) for each California Uniform Hazardous Waste Manifest (Manifest) form submitted to the Department by any person in a calendar year. It is important that you read and understand the following limitations to see if any or all apply to your organization.

- If your organization employs less than one hundred (100) employees, the first four (4) manifests submitted to this Department are free of charge and are not included in determining your manifest fee (if any).
- If your organization submitted manifests "solely" for wastes to be recycled, the fee per manifest is six dollars (\$6) on those manifests only. In addition, total fees for the six dollar (\$6) recycled waste manifests are limited to five thousand dollars (\$5,000) per each EPA ID Number. NOTE: The \$5,000 limit does not apply to the twelve dollar (\$12) manifests.

**IT IS EXTREMELY VITAL THAT YOU CONSIDER THESE EXEMPTIONS AND LIMITATIONS WHEN CALCULATING YOUR ORGANIZATION'S MANIFEST FEE.**

<sup>1</sup>For purposes of this section, the number of employees employed by a corporation is the number of persons employed in this State for more than 500 hours during the previous calendar year for which the fee is due.

<sup>2</sup>For purposes of this section, organization is defined as a registered corporation, single proprietor, partnership, company, agency, department, or district.

## IMPORTANT

You are required to submit payment of fees along with the completed Fee Return and Questionnaire within 30 days of receiving this notice. If you fail to do so, your EPA ID Number(s) will be inactivated. Any use of an inactive EPA ID Number will be subject to enforcement action resulting in substantial penalties and/or fines. If you wish to cancel an EPA ID Number because your company is relocating, going out of business, or no longer manages any hazardous waste, please indicate that by placing an "X" in the box on Line 9 when completing the Questionnaire form and your EPA ID Number will be inactivated. However, you are still required to pay any fees relating to that EPA ID Number for this current billing cycle.

### INSTRUCTIONS FOR COMPLETING THE FEE RETURN FORM

**NOTICE:** If your organization has received multiple Fee Returns and Questionnaires for various sites, you may complete one Fee Return to report the total amount owed for all your locations. **However,** you must complete a separate EPA ID Number Verification Questionnaire for each EPA ID Number associated with your organization.

#### **EPA ID NUMBER FEE:**

Verify the EPA ID Number pre-printed in this section is one that your organization uses for a particular location. If you do not recognize this number, please call the Department for assistance.

Line 1: Enter the nine digit Federal Employer Number assigned to your organization by the Federal Government for tax reporting purposes. Your organization's accounting department can assist you in identifying this number. (Providing this number will enable the Department to combine Fee Returns and Questionnaires in the future for organizations with multiple EPA ID Numbers and locations).

Line 2: Enter the total number of individuals employed by your entire organization, not just at the location for which the above EPA ID Number has been assigned.

Line 3: Enter the fee amount, from the chart on page 1, that corresponds with the number of employees entered on Line 2.

Line 4: Enter the total number of EPA ID Numbers assigned to your entire organization.

Line 5: Multiply the fee indicated on Line 3 by the number of EPA ID Numbers indicated on Line 4 and enter the result.

#### **MANIFEST FEE:**

Verify that the number of manifests pre-printed in this section is the same number of manifests that the location records indicate for the EPA ID Number shown. If location records show a different number, use that number in your calculation.

Line 6: Enter the total number of manifests submitted by your entire organization during 1992. For organizations with multiple locations, report all location's manifests on one form. **REMEMBER:** if the total number of employees reported on Line 2 is less than one hundred (100), you do not report the first four (4) manifests used during the year.

Line 7: If any of your manifests were used solely for the disposal of recycled waste, those manifests qualify for the six dollar (\$6) fee. You **MUST** complete and attach the enclosed "Worksheet A" and enter the total amount calculated here. **REMEMBER:** The total manifest fee on Line 7 shall not exceed five thousand dollars (\$5,000) per EPA ID Number.

Line 8: Enter the total number of manifests used for wastes not recycled. (This would reflect any manifests submitted but not included in the calculation on Line 7.)

Line 9: Multiply the number of manifests entered on Line 8 by twelve dollars (\$12) and enter the result.

Line 10: Add the amount reported on Line 7 to the amount reported on Line 9 and enter the total of these two lines. This is the total Manifest Fee your organization is required to pay.

#### **TOTAL FEES DUE:**

Line 11: Add the amount reported on Line 5 to the amount reported on Line 10 and enter the sum of these two lines. This is the total of all fees your organization is required to pay.